

**STATE OF CALIFORNIA**

**ANNUAL PERFORMANCE REPORT**

**FOR FEDERAL FISCAL YEAR 2009**



**PART C OF THE FEDERAL**

**INDIVIDUALS WITH DISABILITIES EDUCATION ACT**

**(February 1, 2011)**

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## **OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:**

This Annual Performance Report (APR) for federal fiscal year (FFY) 2009 presents data covering the period from July 1, 2009, through June 30, 2010. It provides the Office of Special Education Programs (OSEP) with information on the progress of the state's Early Start Program in meeting the established targets for each of the compliance and performance indicators listed in its State Performance Plan (SPP). Integrated within this report are the state's responses to the issues raised in OSEP's June 1, 2009, letter from Acting Director Patricia J. Guard to Terri Delgadillo, Director of the Department of Developmental Services (DDS), including the response table attached to the letter.

Information gleaned from a multiplicity of sources was used to structure and inform development of this APR, including the following:

- Part C SPP/APR Instruction Sheet, including the APR Template and Measurement Table with Instructions (OMB NO: 1820-0578/Expiration Date: 11/30/2012).
- OSEP's June 1, 2009, letter from Acting Director Patricia Guard to Director Terri Delgadillo, including the response table attached to the letter.
- OSEP's June 3, 2010, letter from Acting Director, Alexa Posny to Director Terri Delgadillo.
- OSEP's June 29, 2010 and June 30, 2010, letters from Rhonda Spence to Part C Coordinator, Rick Ingraham.
- OSEP's November 22, 2010, memorandum (OSEP 11-5) to the states' lead agency directors, Part C Coordinators, Interagency Coordinating Council Chairpersons, and State Data Managers regarding submission of Part C Annual Performance Report and Revisions to the Part C State Performance Plan by February 1, 2011.
- Numerous documents posted on the SPP/APR Calendar website, e.g., worksheets, templates, FAQs, technical assistance documents, Root-Cause analysis, etc.
- The November 2010 Western Regional Resource Center (WRRRC) Conference on preparing the 2009 APR.
- Pertinent sessions of OSEP's 2009 National Early Childhood Conference.
- National technical assistance calls with Ruth Ryder, Division Director, Monitoring and State Improvement Planning Division, OSEP.
- E-mail and telephone communication with National Early Childhood Technical Assistance Center, NECTAC, WRRRC, and OSEP's Part C state contact.

DDS partners with the state's broad and diverse Interagency Coordinating Council (ICC) to facilitate ongoing stakeholder input and participation in strategic planning and priority

## APR Template – Part C California

setting for early intervention services in California. Participating state departments include Education, Social Services, Mental Health, Alcohol and Drug Programs, Managed Care, Public Health, and Health Care Services. Additionally, appointed community representatives include parents, educators, legal advocates, social-service agency managers, consultants, and family-support professionals from throughout the state.

California began development of its current SPP in September 2005 and through work with its ICC, the state established recommended monitoring processes/procedures for the indicator targets and improvement activities required under the plan. California submitted the SPP to OSEP in January 2006. Subsequently, both DDS and the California Department of Education (CDE) received a verification visit during the first week of October 2006. Since then, DDS has submitted four APRs based on continuing OSEP guidance and responses to each APR. Additionally, DDS and CDE each received another OSEP verification visit in the fall of 2010.

To obtain broad public input on this year's APR, a draft of the proposed changes to targets and improvement activities was posted on the DDS Early Start website at [www.dds.ca.gov/EarlyStart](http://www.dds.ca.gov/EarlyStart) and the public was invited to review and comment. This website is heavily used, receiving about 53,000 visits annually. To ensure that key stakeholders were aware of this year's changes and the website posting, an email notification was disseminated to all members of the state's broad and diverse ICC, the statewide network of 38 family resource centers, the 21 regional-center Early Start Program managers, and other key stakeholders advising them of the posting. DDS subsequently revised the draft APR based on the public input received and updated information. The APR has been posted on the DDS website, as have all prior APRs and revised SPPs. Moreover, DDS reviews and considers any public input provided, regardless of whether such input is formally solicited.

### **Current Challenges**

#### **Lack of Growth of the Part C Grant**

California is proud of its Early Start Program, which has served hundreds of thousands of infants and toddlers and their families since the program's inception. However, the lack of growth in the Part C grant allocation is creating an increasingly challenging operating environment for the program.

The Part C grant allocation funds a relatively small percentage of the total state expenditures for early intervention services. In fiscal year 2009-10, DDS and CDE together expended over \$400 million for early intervention services (DDS and CDE expenditure data). Moreover, the state is shouldering an increasingly disproportionate share of the costs for early intervention services, given the lack of growth in the Part C grant allocation. For the three years prior to FFY 2009, DDS expenditure data show that expenditures for services increased at an annual rate of about 19 percent. This growth rate is not sustainable.

## APR Template – Part C California

The state has made, and continues to make, significant fiscal and programmatic investments in the Early Start Program and believes it is doing an extraordinary job in meeting the needs of the state's children and families. The following paragraphs detail some of the recent changes to the Early Start Program in order to increase OSEP's awareness of (1) the immediate challenges, (2) the context within which this APR was developed, and (3) recent and significant changes to the program. Action during the past year to remove at-risk children from the Early Start Program and to establish a separate state-funded Prevention Program is indicative of the severity of the state's overall budgetary problems. DDS welcomes OSEP's support, cooperation, and flexibility as California confronts the specter of managing another multi-billion dollar deficiency amid the lack of growth in the Part C Grant.

In Fiscal Year 2009-2010, due to unrelenting budgetary shortfalls, significant legislative changes were undertaken. For more information about these changes, please refer to: [www.dds.ca.gov/Director/docs/LtrRC\\_StatutoryChanges\\_2009.pdf](http://www.dds.ca.gov/Director/docs/LtrRC_StatutoryChanges_2009.pdf)

**Narrowing the Eligibility Criteria for 'Delayed' Children:** The Early Start Program in California has always provided services to infants and toddlers under the age of three years who are 'developmentally delayed', have an 'established risk', or who are 'at high risk' of a developmental delay. For children who are 'developmentally delayed', legislation enacted in SFY 2009-2010 (Government Code Section 95014 (a)(1)) limits eligibility for entry into the program after 24 months of age to only those children who have a 50% or greater delay in one domain, or a 33% or greater delay in two domains. The previous threshold for eligibility was 33% in one domain regardless of age.

**Eliminating 'At-Risk' Children from Early Start Services:** Another cost-savings measure enacted by the Legislature eliminated 'at-risk' children from eligibility for Early Start services. The legislation (Welfare & Institutions Code Section 4435) established a separate, less-costly state-funded program for the children who no longer qualify for the Early Start Program. This new "Prevention Program" provides intake, assessment, case management, and referral services.

**Group Training for Parents on Behavior-Intervention Techniques:** To reduce the cost of behavior-intervention services, state law (Government Code Section 95020) now requires that, at the time of development, review or modification of a child's Individualized Family Services Plan (IFSP), the Regional Centers must consider providing group training to parents in lieu of providing some or all of the in-home parent training component of the behavior-intervention services.

**Prohibiting the Purchase of "Non-Required" Services:** Beginning October 1, 2009, and except for durable medical equipment, state law (Welfare & Institutions Code Section 4648.5) prohibited regional centers from purchasing services for Early Start consumers if the services are not required under Part C of the Individuals with Disabilities Education Act (IDEA). Prior to this time, regional centers could purchase non-required services if such services were reflected on the child's IFSP.

**Required Use of Private Insurance:** State law (Government Code Section 95004) now requires families whose children are recipients of Early Start services to ask their private insurance companies or health care service plans to pay for medical services covered by the insurance companies or plans. Intake and assessment remains available at no cost to families. Exceptions can be made when accessing private insurance would unduly delay services.

**Furlough of State Workforce:** Due to an unprecedented budget crisis, then Governor Schwarzenegger issued Executive Order S-16-08 in December 2008. This order initiated the layoff process for state civil service employees, regardless of funding source, effective January 1, 2009 through June 30, 2010, and provided for the adoption of a plan to implement a furlough of two days per month effective February 1, 2009, to June 30, 2010. Additionally, Executive Order S-13-09, issued July 2009, ordered the implementation of furloughs of state civil service employees for three days per month, regardless of funding source, effective July 1, 2009, to June 30, 2010. The furlough order for three days per month was extended in August through October 2010. In November 2010, furlough days were eliminated; however, various classifications of state employees now participate in a 1 day per month leave program. All DDS employees were impacted by these furloughs and now participate in the leave program, including Early Start Program personnel.

**Reduction of Regional Centers' Operations Budget:** A network of 21 regional-center agencies comprises the system through which the preponderance of Early Start services and funding are provided to eligible children and their families in California. Providing statewide coverage, the regional centers provide intake/assessment services, service coordination, planning and IFSP development activities, advocacy, purchase of needed services, resource development, monitoring, and the other services described in the following link: [www.dds.ca.gov/RC/RCSvs.cfm](http://www.dds.ca.gov/RC/RCSvs.cfm)

The regional centers are finding it progressively more difficult to respond to all of the federal regulatory demands to which they are subject. Evidence of the Regional Centers' frustration with the Early Start Program, in particular, was documented in last year's APR by inclusion of a November 3, 2008, letter to the DDS director, in which the Association of Regional Centers Agencies (ARCA) expressed a need to discuss a range of issues related to Part C. In response to this letter, DDS convened a committee of regional-center representatives and DDS staff to review Part C requirements and the associated monitoring process. (See Attachment D for a description of the Early Start Quality Assurance Advisory Committee).

Regional center on-site monitoring was held in abeyance while this committee met to identify the key issues and to determine how to improve the monitoring process and protocol. The time expended in this effort led to fewer record reviews this year than projected in last year's APR; however, the state believes its revised monitoring approach is now more consistent, efficient, and productive. DDS has now resumed monitoring; by the close of SFY 2010-11, DDS will have conducted monitoring and/or verification reviews at all 21 regional centers.

## Acronyms and Definitions

ALJ	Administrative Law Judge
APR	Annual Performance Report
ARCA	Association of Regional Center Agencies
CAPTA	Child Abuse Prevention and Treatment Act
CCS	California Children's Services
CDE	California Department of Education
CDSS	California Department of Social Services
CPS	Child Protective Services
CSPD	Comprehensive System of Personnel Development
DDS	Department of Developmental Services
ESR	Early Start Report form used for universal reporting by local programs on individual infant/toddler key program and demographic elements
FRCs	Family Resource Centers
HRIF	High Risk Infant Follow-Up
LEA	Local Education Agency/School District
Local Program	Regional Center unless otherwise defined to include school districts (LEA)
NCSEAM	National Center for Special Education Accountability Monitoring
NECTAC	National Early Childhood Technical Assistance Center
NICU	Neonatal Intensive Care Unit
OAH	Office of Administrative Hearings
OHRAS	Office of Human Rights and Advocacy Services
OSEP	Office of Special Education Programs
Part C Lead Agency	Department of Developmental Services
PCP	Primary Care Physician
RC	Regional Center – Local program unless otherwise defined to include school districts (LEA)
SEECAP	Special Education Early Childhood Administrators Project
SEEDS	Supporting Early Education Delivery Systems
SELPA	Special Education Local Plan Area
SLPA	Speech and Language Pathology Assistant
SPP	State Performance Plan
TBL	Trailer Bill Language
WestEd	WestEd Center for Prevention and Early Intervention - DDS' contractor for training and technical assistance
WRRC	Western Regional Resource Center

## Part C State Annual Performance Report (APR) for FFY 2009

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, beginning on page 1.

### Monitoring Priority: Early Intervention Services In Natural Environments

**Indicator 1:** Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

FFY	Measurable and Rigorous Target
<b>2009 (2009-2010)</b>	100% of participants receive services in a timely manner.

**Actual Target Data for FFY 2009 (2009-2010):**

FFY 2009 data indicate that 94.94 percent (11,528 divided by 12,142 times 100) of the infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner. This represents a 1.79 percent decrease from last year's 96.73 percent.

Data on the initiation of IFSP required services is obtained from electronic service provider claims data processed at the RCs during FFY 2009. The FFY 2009 data for this indicator do not include instances of documented delay due to exceptional family circumstances as DDS is unable to collect that data at this point. Documenting family reasons for delay in service initiation is a feature of the new data collection tool, the Early Start Report, so this information can be reported and included in the methodology for this indicator in future years.



**Infants and Toddlers with IFSPs who receive Early Intervention Services in a Timely Manner:**

a. Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	<b>11,528</b>
b. Total number of infants and toddlers with IFSPs	<b>12,142</b>
Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (Percent = [(a) divided by (b)] times 100)	<b>95%</b>

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for (FFY 2009):**

Timely delivery of services is a primary goal of the Early Start Program and California has demonstrated progress toward meeting the 100 percent target for this indicator since FFY 2004. However, until we are able to capture and include instances of documented delay due to exceptional family circumstances in the methodology, our reported performance will over-represent delays in timely service provision and under-represent timely service initiation.

The difference on this indicator between FFY 2008 and FFY 2009 indicates a slippage of 1.79 percent. Based on a root cause analysis, DDS believes this slippage is largely attributed to the following:

- The increasing divide between the significant, annual increase of programs for infants/toddlers and availability of professional resources (e.g., physical therapists, speech pathologists, occupational therapists, etc.) has an increasingly adverse impact on this indicator. Given the current economy and California's budget situation, accessing the resources necessary for maintaining and improving performance on this indicator may well become even more challenging. DDS has continuously promoted efforts to expand availability of these resources and will continue its aggressive efforts to meet the compliance target of 100 percent.
- In July of 2009, Trailer Bill Language (TBL) was passed that made changes to the Early Start Program in California. While the direction to the local regional centers required the provision of timely services, regardless of funding source, the slight decrease in this year's reporting could be attributed to the confusion that occurred during the implementation of this new state law. DDS was diligent in informing the Early Start community of the requirement for timely services and

cleared up any misunderstanding that existed. Discussion of the changes in state law was included in all of the trainings listed below.

**Improvement activities during FFY 2009 are as follows:**

A. Statewide Training Institutes: Three sessions of statewide institutes presented during FFY 2009 included training topics directly or indirectly related to the provision of timely services. The intended audience for statewide institutes include Early Start service coordinators; early intervention direct service providers working in regional-center-vendored programs and local education agencies (LEAs); educators and home visitors; staff, including therapists, who are new to working with children with disabilities, ages birth to three and their families; and assistants, aides, and paraprofessionals. Training was provided to 724 early intervention and related service providers in FFY 2009.

1. Early Start Essentials: Workshops and topics related to the indicator in FFY 2009 were:
  - i. *Service Coordinator's Role in Quality Assurance and Data Collection*: Significant topics included a demonstration of local program performance across several indicators, including timely services; how timely services data are derived; and the service coordinator's role in reporting data, including that data that allow for evaluating timeliness of services.
  - ii. *The Family*: Major topics included identifying federal and state laws related to early intervention services (including those regulations related to timely services); roles of agencies responsible for administering Early Start in California; and the purpose and structure of the IFSP
  - iii. *The Child*: Major topics included Early Start eligibility and referral and the evaluation and assessment process.
  - iv. *The Building Blocks of an Effective IFSP*: Major topics included delineating differences between evaluation and assessment processes and required/non-required/other early intervention services.
  - v. *The IFSP Process*: Major topics included the IFSP process, required timelines, and the interagency coordination process.
2. SkillBuilder II: Workshops and related topics to the indicator in FFY 2009 were:
  - i. *Coordinating Services for Infants and Toddlers with Challenging Behavior*: Focus was on research, evidence, and effective options for addressing positive behavior supports for infants and toddlers, including a multidisciplinary team approach for service planning and referrals.
  - ii. *Coordinating Services for Children with Autism*: Focus was on complexities of planning and purchasing services for children with

autism and the impact of providing the services in the natural environment.

3. Advanced Practice Institute: This training featured Sharon Walsh, Co-Director of Walsh Taylor Incorporated. Workshops and topics related to the indicator in FFY 2009 were:
  - i. *Transformational Accountability*: Focused on the Federal and State current affairs in relation to Part C. Discussion occurred around the APR and the current compliance on each indicator. Included in this discussion was emphasis on the requirement to provide services in a timely manner regardless of payment source.
  - ii. *Supporting Systemic Changes: Service Models*: Focus was on changes to Early Start in California while remaining in compliance with the federal requirements.
  - iii. *Supporting Systemic Changes: Collaborative Models*: Elaboration on the topic above with strategies from local programs that are making the changes required by Trailer Bill Language.

C. DDS does not have any changes regarding the use of Speech and Language Pathology Assistants (SLPA) from what was reported in previous years. Three local programs were authorized by DDS to use SLPAs in the Early Start Program in FFY 2009. Until state regulations are revised, DDS will continue to work with other programs when needed to address this issue.

**Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):**

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 96.73%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	<b>0</b>
2. Number of FFY 2008 findings the State verified as timely corrected (verified as corrected within one year from the date of notification to the EIS program of the finding)	<b>0</b>
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	

**Correction of Remaining FFY 2008 Findings of Noncompliance:** No findings were necessary in response to FFY performance.

**Correction of Remaining FFY 2007 Findings of Noncompliance:**

The SPP/APR Response table indicated California had two outstanding findings from FFY 2007 that were not verified as corrected within the required timeline. As reported in the FFY 2008 APR, the two findings were cleared within the required timelines as follows:

- DDS confirmed that services were initiated for each child, although late, for any child whose services were not initiated in a timely manner. This was verified through a review of claims data (Prong 1).
- DDS verified that the two RCs with identified non-compliance in FFY 2007 were correctly implementing the specific regulatory requirements based on a review of subsequent claims data for children receiving services in FFY 2008 (Prong 2).

**Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier):**

The SPP/APR Response table indicated California had one outstanding finding from FFY 2006 that was required to be cleared. This finding was identified in FFY 2006 and cleared within the required timeline. However, California neglected to report the clearance of this item in the FFY 2007 and FFY 2008 APRs. The finding was cleared in FFY 2007 as follows:

- DDS confirmed that services were initiated for each child, although late, for any child whose services were not initiated in a timely manner. This was verified through a review of claims data (Prong 1).
- DDS verified that the one RC with identified non-compliance in FFY 2006 was correctly implementing the specific regulatory requirements based on a review of subsequent claims data for children receiving services in FFY 2007 (Prong 2).

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):** California does not propose any revisions to this indicator. During the two-year extension of the SPP cycle, the targets will remain at 100 percent. These targets are presented in the SPP as well. An improvement activity the state is working on is completion of the Early Start Report.

## Part C State Annual Performance Report (APR) for FFY 2009

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Development* section, beginning on page 1.

### Monitoring Priority: Early Intervention Services in Natural Environments

**Indicator 2:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

#### Measurement:

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
<b>2009 (2009-2010)</b>	86.6% of infants and toddlers served will receive services in the natural environment.

**Actual Target Data for FFY 2009 (2009-2010):** The target established in the SPP for FFY 2009 was 86.6 percent, and as noted in California's response, almost 88 percent (33,626 divided by 38,338 times 100 equals 87.7 percent) of the services provided met the criteria.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009 (2009-2010):** Overall, the percentage reported for FFY 2009 exceeded the FFY 2008 performance by 1.5 (87.7 percent - 86.2 percent).

DDS attributes continued progress in this area to the ongoing provision of training and technical assistance to providers of early intervention services emphasizing the importance of delivering services in the natural environment. The following improvement activities remain as areas of focus for the Early Start program:

#### Improvement activities during FFY 2009 included the following:

1. **Technical Assistance:** DDS Early Start Liaisons worked collaboratively with local programs to improve performance through targeted training and technical assistance. DDS staff conducted two technical assistance local training sessions on natural environments in southern California in July 2009. Approximately 100 participants attended each session. Those attending represented regional centers

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California

(RCs), providers of early intervention services, family resource centers and local education agencies. Local training and technical assistance will continue to be provided upon request.

2. Training: California's Comprehensive System of Personnel Development (CSPD) continued to include the Early Start Statewide Institute Series for service providers, service coordinators, family support personnel and other interested parties. WestEd Center for Prevention and Early Intervention coordinates implementation of these personnel development activities under the leadership of DDS. During 2009-10, nine institutes and related training events were held at various locations throughout the State resulting in 724 personnel trained. Despite the budget reductions affecting California's early intervention programs and services, this is an increase in attendees over last year (535 in FFY 2008). All institutes included requirements and examples of natural environments embedded into the curriculum. The Early Start Essentials Institute will continue to provide a workshop on natural environments for new and inexperienced service coordinators and providers. Refer to Attachment A for more detail on CSPD activities and institute attendees.
3. General Supervision and Focused Monitoring: DDS continued the development of a focused monitoring approach that will identify local program strengths and areas needing training, technical assistance, or additional resources to increase opportunities for children and families to receive services alongside their peers who are typically developing.

**Revisions, with Justification, to Proposed Targets / Improvement Activities /Timelines / Resources for FFY 2009 (2009-2010):** California does not propose any revisions to the improvement activities.

During the two-year extension of the SPP cycle, California is proposing a target of 77 percent for FFY 2011 and 83 percent for FFY 2012. These targets are presented in the SPP as well.

## Part C State Annual Performance Report (APR) for 2009

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, beginning on page 1.

### Monitoring Priority: Early Intervention Services In Natural Environments

**Indicator 3:** Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

#### Measurement:

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress Categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

**Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):**

**Summary Statement 1:** Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 1:** Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2: **Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.**

**Overview of Issue/Description of System or Process:**

Despite a severe economic downturn, California has persevered in the construction of a universal data collection and reporting system to measure child progress data as prescribed for Indicator C-3. DDS has completed a multi-tiered stakeholder process, reconciled the data elements with numerous federal reporting requirements, and has conducted several field tests for accuracy, utility and inter-rater reliability.

Most recently, in FFY 2009, DDS added data fields to the “Early Start Report” (ESR) to incorporate data reporting codes according to the new International Classification of Diseases, version 10 (ICD-10). These codes will increase the precision of the documentation of each child’s diagnosed conditions. The targeted launch date for system-wide use of the revised ESR for universal data reporting is the fourth quarter of FFY 2010.

DDS has established a project team for this new system for universal data reporting including Early Start program staff and Information Technology staff. This team will ensure that the data system will gather the required data per federal requirements and will have the necessary capacity for detailed analyses to enable California to make informed program decisions both at the state and the local levels.



APR Template – Part C  
California

**Sampling Plan:** For the purposes of data reporting for this current APR, California conducted a stratified random sample across RCs with the goal obtaining a statewide representative sample. Sampling factors included:

- 1) Ethnicity,
- 2) Geography (urban, rural, frontier as well as north, central, and southern), and
- 3) Large and small RCs.

The sample paralleled the state population demographics across these various factors and thus comprises a representative sample for the state.

Child outcome (pre and post) data for children who exited Early Start during FFY 2009 was collected at local programs during the months shown below:

Local Program (RC)	Month/Year	Local Program (RC)	Month/Year
Alta California	April/2010	Lanterman	August/2010
Central Valley	November/2010	North Bay	October/2010
East Bay	August/2010	North Los Angeles	Jan/2010
Eastern Los Angeles	March/2010	Orange County	July/2010
Far Northern	November/2010	San Diego	July/2010
Golden Gate	October/2010	San Gabriel/Pomona	June/2010
Harbor	November/2010	So. Central Los Angeles	May/2010
Inland	November/2010	Tri Counties	May/2010
Kern	June/2010	Valley Mountain	June/2010
		Westside	August/2010

As discussed in previous APRs, a sizable portion of the families last year refused exit evaluations to determine the functioning of their child upon exit. This phenomenon was also evident in the review of this year's records. This refusal is typically attributable to one of two reasons:

- 1) The child at transition age manifests an obvious developmental disability with significant delay. The parents have services in place upon graduation from Part C and "see no reason to put our child through that again." This is not surprising since California's most recent data indicates that 22% of infants graduating from Part C continue services with the regional-center system. This eligibility results from a lifelong developmental disability that is "substantially handicapping" per California state law and, therefore, the child is determined eligible for lifelong services. California is unique in its entitlement program for children and adults with developmental disabilities.
- 2) The child has improved functioning significantly and is now clearly comparable to typical age peers and the parents see little value in conducting another evaluation as the child exits from regional-center services.

Thus, exit samples may be biased by excluding the highest functioning as well as the lowest functioning children. To remedy this data bias, some stakeholders have proposed that California should make family participation in the program contingent on an exit evaluation. We believe such a policy would unduly risk the enrollment of some families to the detriment of their children and would be inconsistent with federal law. Thus, despite an initial robust sample size for children exiting in FFY 2009, only **822** records of the 1400 sample met criteria during the data extraction for these children. Still, this total sample size equaled the number of usable records in FFY 2008 and was more than double the 400 chart sample recommended by OSEP for the 2007 APR.

### **Quality Assurance Measures:**

As in data collection efforts for previous APRs, the records from the stratified random sample were reviewed by a select team of experienced lead-agency personnel who had extracted outcome data for the previous APRs. Data gathering was conducted by teams comprised of at least two persons, using a proven data extraction tool and instructions (see Attachment E). The data collection instructions, including “data conventions,” were documented and formalized for ready reference during data extraction. DDS utilized repetitive training and discussion sessions for data extractors to ensure inter-rater reliability. Questionable scores, ambiguous data, and child-record inaccuracies were, therefore, handled consistently.

Consistent with OSEP criteria, only children in the program for a minimum of six months were included in the sample for child outcomes. A hardcopy data collection template was completed for each child’s record. The data template included all of the OSEP-required data elements for child outcomes and additional elements the State believes are critical for adequate data analysis. These additional elements include the (1) reason for referral, (2) primary and secondary diagnosis at entrance and at exit from Early Start, (3) formal testing instruments used, and (4) functional ages in seven performance categories (physical development including fine and gross motor, social/emotional, expressive and receptive language, cognitive, and self-help/adaptive/use of appropriate behaviors to meet their needs).

Beyond the use of standard evaluation tools specific to each licensed professional, “Informed clinical judgment” was one of several key principles employed for determining functional levels and, therefore, child progress/outcomes. Regional-center and contracted clinicians also used (1) formal evaluation techniques and instruments, (2) direct informal observations of the child, (3) review of all pertinent records, and (4) parent/caregiver interview or discussion. Children who moved between RCs while in the Early Start program were not excluded from the sample, provided the child’s record contained the necessary information. Because of more frequent movement in some regions (e.g., among the seven regional centers in Los Angeles County), the data is somewhat confounded when sorting by regional center.

### **Definition of “Comparable to same-aged peers”**

Children were considered “comparable to same-aged peers” upon entrance into the program if their functional age in a given developmental domain was within 33 percent

of their chronological age. For example, a 12-month-old-infant functioning higher than 9 months on a particular developmental domain was considered within the typical range of development. Similarly, an 18-month-old infant functioning higher than the 12 month level in a particular domain was considered "comparable to same aged peers". This criterion is based on the American Academy of Pediatrics website that details the very broad range of "typical development", i.e., the tremendous amount of individual differences for "typical" children in reaching various developmental milestones.

"Comparable to same-aged peers" upon exit was defined as being within 25 percent of chronological age. For example, a 36-month-old child was not considered "delayed" in a developmental area if the child was functioning at the 27-month level or above.

**Improvement activities during FFY 2009 are as follows:**

In addition to the 18 hours of continuing education and professional training required of licensed clinicians in California, data consistency and quality are enhanced further through professional meetings that include focused discussion on assessment and measurement practices for this special population. Early intervention managers from DDS meet with the following specialty groups for the stated purposes, as follows:

C. Local early intervention managers, both Southern California and Northern California groups, convene locally as well as at statewide meetings to:

1. Review updates on new methodologies and the use of various instruments with targeted populations.
2. Survey continuing professional education needs and training available for community practitioners.
3. Discuss and address current challenges experienced in evaluation and assessment in specific regions, with certain populations, and with specific professional disciplines.

B. The RC Clinical Directors' group meets statewide as a group to:

1. Review diagnostic and predictive precision in "Delay" and "Established risk" categories.
2. Discuss methods to analyze cost effective utilization of community clinical resources for effective measurement practices for evaluation of progress.
3. Promote local partnerships for training and technical assistance.

APR Template – Part C  
California

- C. The Association of Regional Center Agencies' Early Intervention Committee meets quarterly to:
1. Discuss roles and responsibilities of DDS as well as the RCs in data improvement efforts.
  2. Promote participation by the RCs in making necessary program changes for federal compliance.

Regional centers all utilize a unique client identifier (UCI) number that allows utilization of relational data bases to correlate child progress with child characteristics, types and amounts of services provided each month, and specific vendors. For example, DDS has the data capacity to analyze progress by diagnosis, age at entry, and type and amount of service.

**Table 1: Data for Infants and Toddlers Exiting in FFY 2009 as compared to  
FFY 2008 baseline  
(Excludes “at-risk” children)**

A. Positive social-emotional skills (including social relationships):	Number of children FFY 2009	% of children FFY 2009	% of children FFY 2008
a. Percent of infants and toddlers who did not improve functioning	44	5.4	5.8
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	167	20.3	16.4
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach same age functioning.	15	1.8	1.3
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	171	20.8	12.8
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	425	51.7	63.6
Total (Due to rounding, percentages will not be exact)	N = 822	100%	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children 09/10	% of children 08/09
a. Percent of infants and toddlers who did not improve functioning	16	2.0	1.0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	260	31.6	27.2
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach same age functioning.	18	2.2	3.8
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	198	24.1	17.0
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	330	40.1	50.9
Total (Due to rounding, percentages will not be exact)	N = 822	100%	100%

C. Use of appropriate behaviors to meet their needs.	Number of children	% of children 09/10	% of children 08/09
a. Percent of infants and toddlers who did not improve functioning	42	5.1	5.2
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	210	25.6	22.6
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach same age functioning.	13	1.6	1.2
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	165	20.1	12.7
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	392	47.7	58.4
Total (Due to rounding, percentages will not be exact)	N = 822	100%	100%

**Comments on Table 1:** Table 1 displays the data from the entire sample, both for FFY 2008 and FFY 2009, for the three functional areas (Social/Emotional, Knowledge & Skills, Adaptive/Self-Help) distributed across the five improvement categories. The data reflecting the improvement percentages for children across each category remained relatively consistent from FFY 2008 to FFY 2009. On the Social/Emotional measures and also the Adaptive/Self-Help (“Use of appropriate behaviors”) developmental areas, the percentage of children who did not improve functioning remained at about 5%. There was also year to year consistency in the developmental area of “Acquisition and use of knowledge and skills” (cognitive and communication) at 1 to 2 %.

There were demonstrated year to year differences in the percentage of children who entered functioning at typical age and remained at that level across all three functional areas. In each of the three functional areas, there was approximately a 10% decrease from FFY 2008 to FFY 2009 in those children who entered functioning at typical age level and who maintained that level of functioning. Interestingly, there were distinct gains, i.e. increases of percentages, in each of the three functional areas for the category of children who entered below age level but who achieved age level by graduation from the program.

One interpretation of this data is that fewer children are entering the program at typical age function while more children who entered below typical age functioning have been improving to age levels by graduation at 36 months. The increased numbers of children below typical age functioning can be attributed to the narrowing of California’s eligibility criteria for the early intervention program effective July 28, 2009 and the elimination of the “at risk” eligibility category in California effective October 1, 2009.

**Table 2: Data for Infants and Toddlers Exiting in FFY 2009 as compared to FFY 2008**

Summary Statements	% of Children FFY 2009	% of Children FFY 2008
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>		
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $[(c + d) / (a+b+c+d) \times 100]$	46.9	38.8
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program $[(d + e) / (a+b+c+d+e) \times 100]$	72.5	76.4
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>		
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. $[(c + d) / (a+b+c+d) \times 100]$	43.9	42.4
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program. $[(d + e) / (a+b+c+d+e) \times 100]$	64.2	68
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>		
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. $[(c + d) / (a+b+c+d) \times 100]$	41.4	33.2
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program. $[(d + e) / (a+b+c+d+e) \times 100]$	67.8	71

**Comments/Analysis on the Data Table 2:**

Table 1 displays the data from the entire sample for the three functional areas distributed across the five improvement categories, Table Two displays progress data for two groups of children:

- 1) Those children who made “substantial” improvements in functioning in each of the three developmental areas.
- 2) Those children who exited functioning at age levels.

### **Comments/Analysis on Tables 3, 4, & 5**

The data in Tables 1 & 2 above contrast remarkably from the improvement data in Table 4: the 57 toddlers from the random sample with an eventual diagnosis of autism before leaving the program at age 36 months. For example, in the overall sample, 25.5 percent of the children were in the two lowest improvement categories for Social/Emotional functioning: no improvement, or improvement but no closer to same age typically functioning peers. By contrast, in the “autism only” sub-sample, 65 percent of the children performed in these two lowest improvement categories. (These percentages were similar, 24.5 percent and 72.9 percent respectively, in the FY 08/09 APR). We observe similar differences in “Use of Knowledge and Skills” and “Adaptive/Self Help” functional areas (33.5% total sample vs. 79% autism subgroup and 30.6% total sample vs. 77.2% autism subgroup).

Predictably, the Table 5 sub-sample of children with cerebral palsy (total = 17) scored the lowest in Adaptive/Self Help (Taking Appropriate Action to Meet Needs) with a total of 70 percent showing no improvement or little improvement but no nearer same age peers. Similarly, for the children with a diagnosis of Down syndrome displayed in Table 6, a slight improvement is seen in all three functional areas, but a substantial number (47 to 70 percent) are functioning no nearer their typical age peers in the three developmental areas upon exiting the program at 36 months.

Summary of progress data sorted by diagnosis: The analysis of child progress relative to the three most commonly-diagnosed conditions: autism, cerebral palsy, and Down syndrome, yields a much different profile than the aggregate data for the entire sample. Predictably, an analysis by diagnosis reflects the characteristics inherent in the diagnostic conditions: physical impairments hinder self-help progress for the child with cerebral palsy, limited communication skills hinder social/emotional development for children with autism, and children with Down syndrome at age three demonstrate pervasive delays across all three developmental areas reported in the APR.



TABLE 3. All Children N = 822

	Social Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	Enter # of Children	% of Children	Enter # of Children	% of Children	Enter # of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	44	5.4%	16	1.9%	42	5.1%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	167	20.3%	260	31.6%	210	25.5%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	15	1.8%	18	2.2%	13	1.6%
d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers	171	20.8%	198	24.1%	165	20.1%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	425	51.7%	330	40.1%	392	47.7%
<b>TOTAL</b>	822	100.0%	822	100.0%	822	100.0%
<b>SUMMARY STATEMENTS</b>						
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.	46.9%		43.9%		41.4%	
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.	72.5%		64.2%		67.8%	

**TABLE 4. Children with Autism N = 57**

	Social Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	Enter # of Children	% of Children	Enter # of Children	% of Children	Enter # of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	14	24.6%	3	5.3%	12	21.1%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	23	40.4%	42	73.7%	32	56.1%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	6	10.5%	3	5.3%	4	7.0%
d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers	7	12.3%	6	10.5%	3	5.3%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	7	12.3%	3	5.3%	6	10.5%
<b>TOTAL</b>	57	100.0%	57	100.0%	57	100.0%
<b>SUMMARY STATEMENTS</b>						
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.		26.0%		16.7%		13.7%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.		24.6%		15.8%		15.8%

**TABLE 5. Children with Cerebral Palsy N = 17**

	Social Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	Enter # of Children	% of Children	Enter # of Children	% of Children	Enter # of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	1	5.9%	2	11.8%	1	5.9%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	7	41.2%	8	47.1%	11	64.7%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	1	5.9%	2	11.8%	2	11.8%
d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers	2	11.8%	2	11.8%	1	5.9%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	6	35.3%	3	17.6%	2	11.8%
<b>TOTAL</b>	17	100.0%	17	100.0%	17	100.0%
<b>SUMMARY STATEMENTS</b>						
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.		27.3%		28.6%		20.0%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.		47.1%		29.4%		17.6%

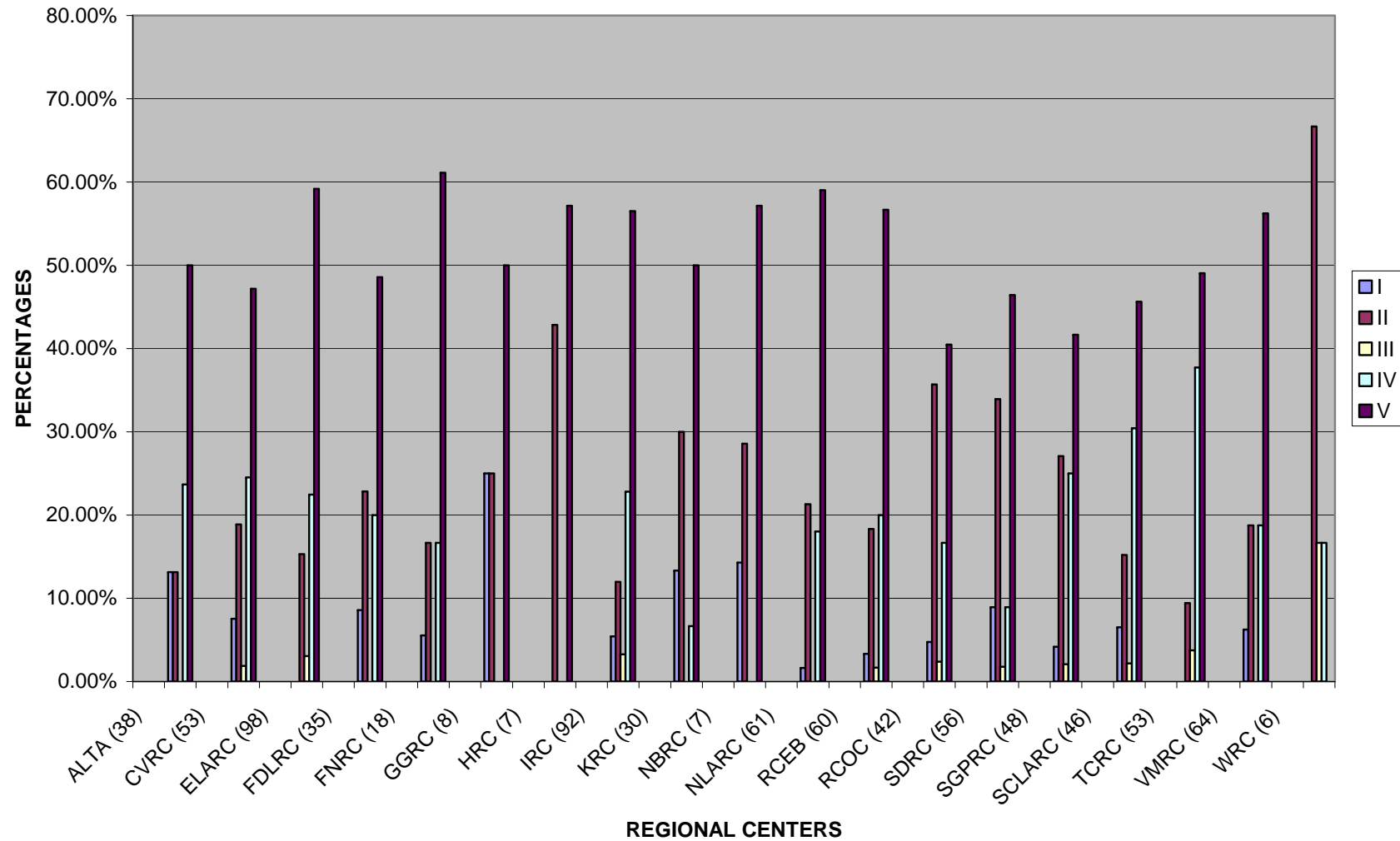
**TABLE 6. Children with Down Syndrome N = 34**

	Social Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	Enter # of Children	% of Children	Enter # of Children	% of Children	Enter # of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	0	0.0%	0	0.0%	0	0.0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	28	82.4%	31	91.2%	30	88.2%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	0	0.0%	1	2.9%	0	0.0%
d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers	5	14.7%	0	0.0%	3	8.8%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	1	2.9%	2	5.9%	1	2.9%
<b>TOTAL</b>	34	100.0%	34	100.0%	34	100.0%
<b>SUMMARY STATEMENTS</b>						
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.		15.2%		3.1%		9.1%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.		17.6%		5.9%		11.8%

**PROGRAM-TO-PROGRAM COMPARISONS**

The following three graphs display the program specific data on OSEP-defined child progress categories (I through V) for the three designated areas: Social/Emotional, Knowledge/Skills, and Self Help/Adaptive.

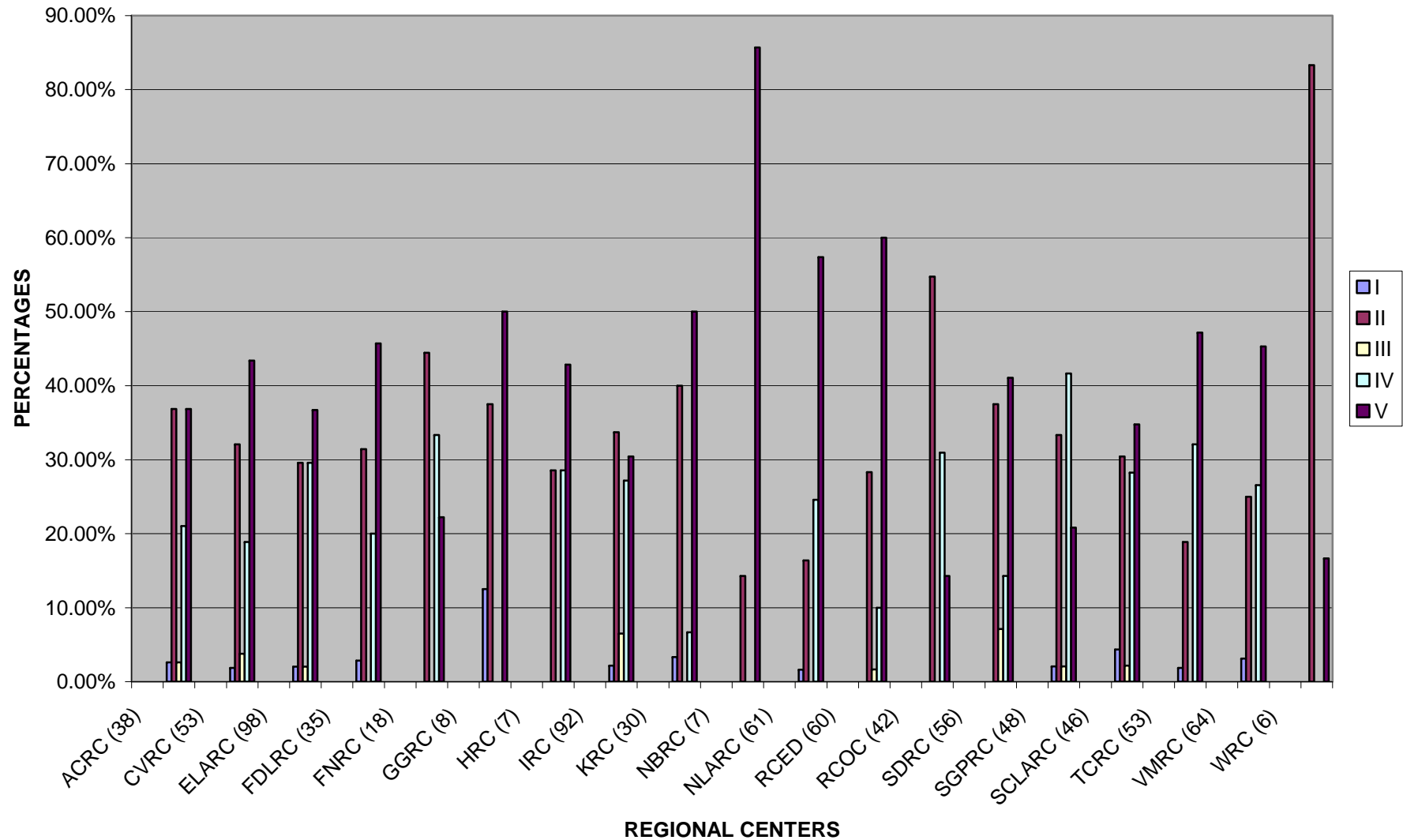
## 2009/2010 CHILD OUTCOME BY RC'S RE: SOCIAL EMOTIONAL



**Social/Emotional:** The greatest variance across local programs appears in improvement categories # IV (improved in functioning comparable to same age peers) and # V (maintained functioning comparable to same age peers). This variance may be an artifact of the success of some regional centers in obtaining parental consent for evaluations upon exit. Further, remote areas continue to have resource challenges for timely expert evaluations.

Improvement Activity: Begin discussions with regional centers to identify and replicate best practices regarding expert and timely evaluations upon exiting the program.

## 2009/2010 CHILD OUTCOME BY RC'S RE: KNOWLEDGE SKILLS



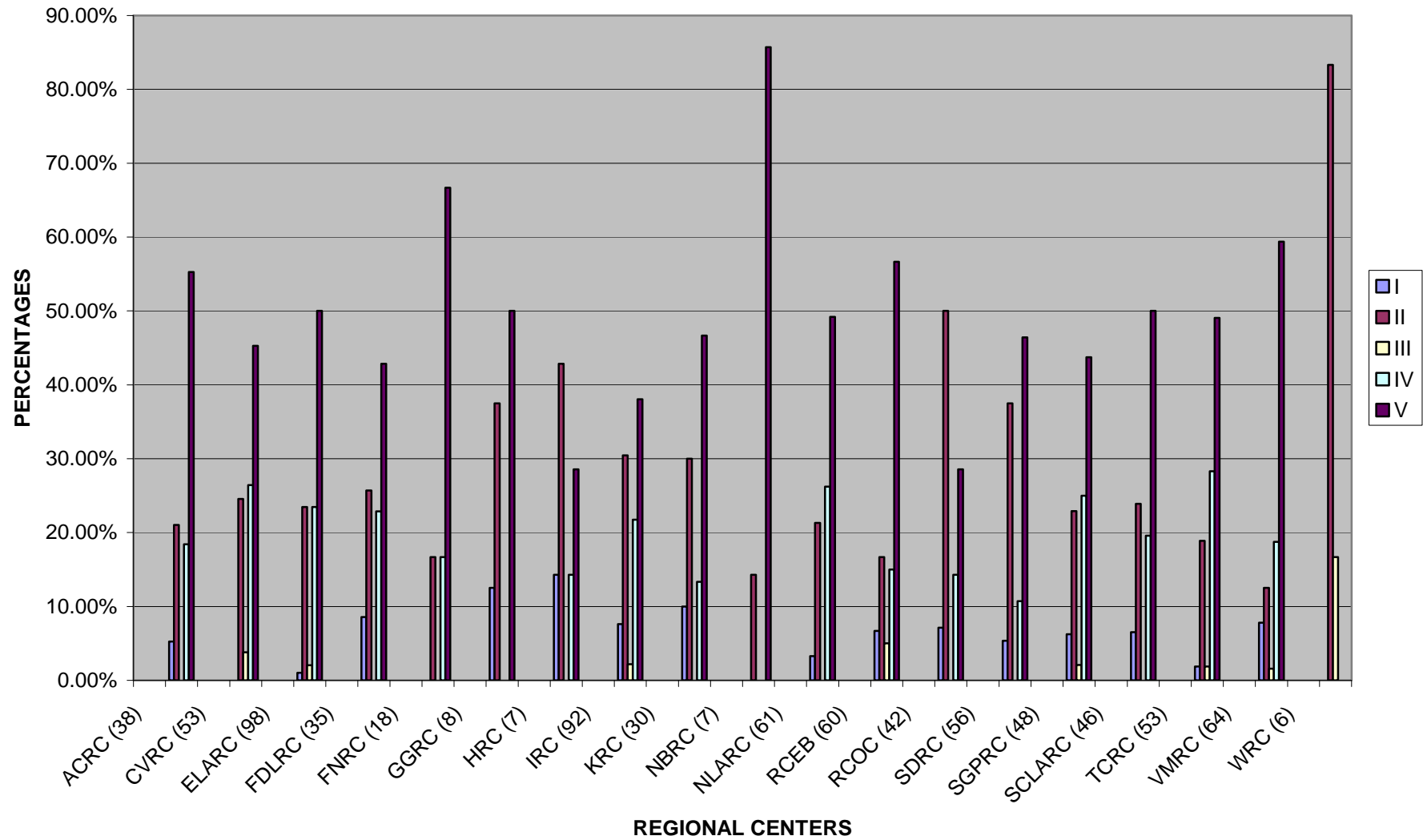
**Knowledge and use of skills, including cognitive and communication:** Westside Regional Center (WRC) and North Bay Regional Center (NBRC) present as outliers in different improvement categories. However, this is likely due to the small sub-samples of records that were usable for these two programs. Unfortunately, the samples from each program were too small to drill down into progress by diagnosis.

Improvement Activity: Review the distribution of the diagnoses included in the local random samples to confirm that the data are not diagnosis-specific within this random sample and that a particular diagnosis is not disproportionately represented in any local program sample.

Most notably, with universal data reporting scheduled to commence in the fourth quarter of FFY 2010, the next APR should present a more robust sample. Further, with the narrowing of eligibility criteria for Early Start, we anticipate that specific diagnoses (e.g., autism, Down syndrome) will be documented earlier as families may benefit from a wider array of services under the State's Lanterman Developmental Disabilities Services Act.



## 2009/2010 CHILD OUTCOME BY RC'S RE: SELF HELP



**Self Help/Adaptive:** Several regions demonstrated relatively less improvement scores toward typical age (i.e. improvement categories # III & # IV) in this domain as well. These regions include Alta (ACRC), South Central Los Angeles Regional Center (SCLARC), and Regional Center of Orange County (RCOC). Initial analysis indicates that the selection of particular evaluation methods may be a factor.

Improvement Activity: Review the data showing relatively low improvement numbers with each RC to identify possible systemic factors and proceed accordingly.

**Measurable and Rigorous Target:**

**Targets for Infants and Toddlers  
Exiting in FFY 2010 through FFY 2012  
(Excludes at-risk children)**

Summary Statements	2008 Baseline (Adjusted) <sup>1</sup>	Targets/Actuals for FFY 2009 (% of children)	Targets for FFY 2010 (% of children)	Targets for FFY 2011 (% of children)	Targets for FFY 2012 (% of children)
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>					
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	38.8	39.3/46.9	39.8%	39.81%	39.82%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	76.4	76.9/72.5	77%	77.01%	77.02%
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>					
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	42.4	42.9/43.9	43.4%	43.41%	43.42%
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	68.0	68.5/64.2	69%	69.01%	69.02%
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>					
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	33.2	33.7/41.4	34.02%	34.03%	34.04%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program.	71.0	71.5/67.8	72%	72.01%	72.02%

<sup>1</sup> "Adjusted" baseline excludes at-risk children who no longer qualify for Part C services in California.

The state is projecting relatively conservative targets for 2010, 2011 and 2012 due to the following factors:

- **Changes in eligibility.** California narrowed its eligibility criteria for the Part C program in 2009-10. One of the few remaining states to continue to serve children who were only at-risk, California was forced by the lack of federal funding for this population to eliminate the discretionary eligibility category of children who were solely “at-risk” for delay or disability. Thus, in determining improvement targets for Indicator 3, we are selectively referencing the current improvement data from the stratified random sample. We are including those children with delays and those who are eligible under “established risk” and excluding the data for those children who were served in the “at-risk” category. This defined segment of the current sample most mirrors the population changes from FFY 2008 to FFY 2009.
- **Fiscal cutbacks in most community agencies.** Many community agencies making referrals to the Early Start program have and continue to experience cutbacks, which are anticipated to result in delayed referrals (i.e., children referred when older) and, therefore, less favorable outcomes for some of these children. Further, those families who historically have benefitted from blended services for their infants with special needs (food stamps, social services supports, community health initiatives, etc.), will receive fewer support services. These reductions may also impact developmental outcomes for children in the Early Start program.
- **Fiscal cutbacks in professional schools.** There are also significant budget reductions and resulting program reductions at the colleges and universities charged with preparing the therapists needed for evaluating and treating infants and toddlers with special needs. Long-standing shortages of ancillary therapists (PT, OT, and SLP) are becoming more acute as the professional schools graduate fewer therapists for all service sectors.
- **Increased paper compliance and cumbersome procedures as a condition of federal funding.** Increased procedural compliance (i.e., increased data and paperwork burden) that does not enhance direct service to infants and families forces states to divert even more scarce resources away from direct service and immediate family benefit. Infants and their families will be afforded even less direct service as states grapple with increased program demands with no additional federal Part C funding.

<b>Improvement Activities/Timelines/Resources:</b>
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In addition to the improvement activities listed under each of the graphs in the “Program-to-Program Comparisons” section above, implementation of the revised Early Start Report will provide the state with universal child-outcome data once it is implemented.

## Part C State Annual Performance Report (APR) for 2009

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, beginning on page1.

### Monitoring Priority: Early Intervention Services In Natural Environments

**Indicator 4:** Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

#### Measurement:

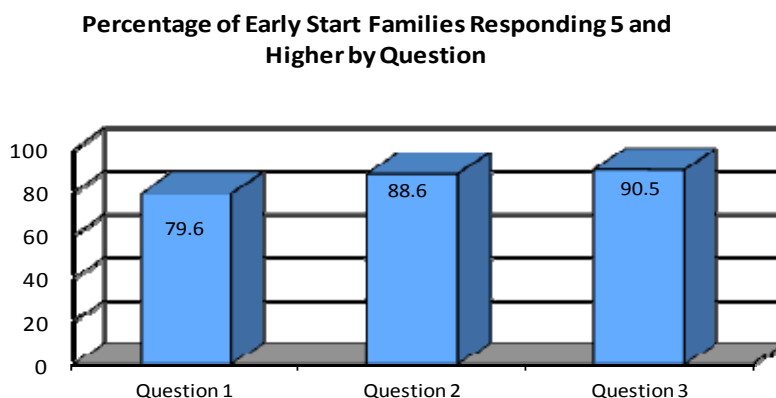
- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

FFY	Measurable and Rigorous Target
<b>2009 (2009-2010)</b>	<p>4-A. 50 percent of families participating in Part C report that early intervention services have helped the family <i>'know their rights.'</i></p> <p>4-B. 44 percent of families participating in Part C report that early intervention services have helped the family <i>'effectively communicate their children's needs.'</i></p> <p>4-C. 73 percent of families participating in Part C report that early intervention services have helped the family <i>'help their children develop and learn.'</i></p>

**Actual Target Data for 2009: Actual Target Data for 2009:** DDS employed an adapted a version of the *Family Outcomes Survey* (FOS, 2006)<sup>2</sup> to gather and analyze Indicator 4 data for FFY 2009. The FOS focused on three specific questions as a self-report survey. The questions were designed to be easy to understand and are aligned with Indicator 4 sub-indicators, A, B, and C. They were: (1) *To what extent has early intervention helped your family know and understand your rights?* (2) *To what extent has early intervention helped your family effectively communicate your child's needs?* and, (3) *To what extent has early intervention helped your family be able to help your child develop and learn?* All three questions were developed on a 7-point Likert scale (1= Poor to 7=Excellent), and families were asked to read each question and circle the number that “best describes your family right now.” Raspa, Hebbler, and Bailey (2009)<sup>3</sup> recommend using a cutoff point of 5 (Good) and calculating the percentage of responses that are 5 and higher for OSEP data reporting purposes (see Figure 1). Analysis of family survey response data indicate that the state met its 2009 Indicator 4 target for each of the three sub-indicators, as indicated below:

INDICATOR 4		
Percent of families participating in part C who report that early intervention services have helped the family:	2009 TARGETS	SURVEY RESULTS
A. Know their rights.	50.0	79.6
B. Effectively communicate their children's needs.	44.0	88.6
C. Help their children develop and learn.	73.0	90.5

**Figure 1. Percentage of Responses Scoring of 5 or Greater by Question**



<sup>2</sup> Bailey, D.B., Hebbler, K., & Bruder, M.B. (2006). *Family Outcomes Survey*. Retrieved October 18, 2009 from, <http://www.fpg.unc.edu/~eco/pages/tools.cfm#SurveyVersions>.

<sup>3</sup> Raspa, M., Hebbler, K., & Bailey, D.B., (2009). *A guide to analyzing the data from the Family Outcomes Survey*. Menlo Park, CA: Early Childhood Outcomes Center.

### Sampling Plan and Survey Methodology

DDS drew a random sample on the total population (approximately 27,000 families) of California's Early Start families whose children were currently receiving services from local programs and had been in the program for at least 6 months at a specific point in time (October, 2009). These selection criteria yielded a sample of approximately 17,000 families. The Department used systematic sampling procedures to stratify a random sample of 5,000 families proportionally drawn from the sample across five ethnicity groups (Asian, Black, Hispanic, Native American, and White) and "Declined to State." The systematic sampling procedure was calculated using a confidence level of 90% and an estimated response rate of 24.2% to achieve significance.

The Department employed Dillman's tailored design method (2000)<sup>4</sup> for the most recent survey distribution and collection. Five thousand packets were mailed to families via the USPS on December 1, 2010 (see Attachment C). All included cover letters and surveys in both English and Spanish, and a self-addressed return envelope. Follow-up postcard reminders were sent three days after the initial survey mailing. One thousand four hundred and thirty one (1431) valid surveys were returned, yielding an overall response rate of 28.6%. Surveys were excluded from the analysis if all three questions were left unanswered and data was considered missing if an item was left unanswered or responses were unclear (e.g., a parent circled two numbers on one rating scale). Descriptive statistics (means, frequencies, percentages, and standard deviations) were employed to analyze the responses to the three FOS items.

Table 1 displays mean scores for the three survey items. Mean scores indicated that, overall, families feel "Good" about Early Start services helping them to know their rights ( $M=5.52$ ); effectively communicate their children's needs ( $M=5.84$ ); and helping their children develop and learn ( $M=6.06$ ).

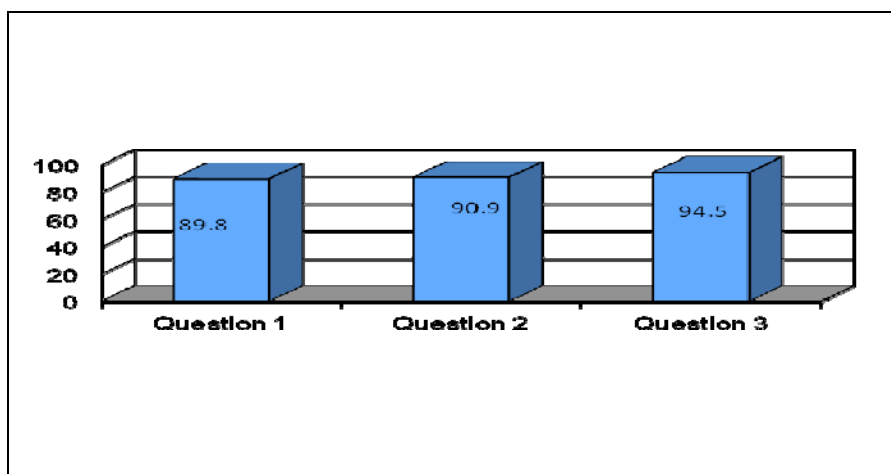
**Table 1. Frequency Distribution and Mean Scores by Question**

1. To what extent has early intervention helped your family know and understand your rights?	1422	99.4% (missing cases = 9)	5.52	1.59
2. To what extent has early intervention helped your family effectively communicate your child's needs?	1425	99.6% (missing cases = 6)	5.84	1.35
3. To what extent has early intervention helped your family be able to help your child develop and learn?	1421	99.3% (missing cases = 10)	6.06	1.33

<sup>4</sup> Dillman, D. (2000). *Mail and Internet Surveys: The Tailored Design Method*. New York: John Wiley & Sons, Inc.

To include and measure the responses of families of solely low incidence children served by local education agencies only, identical cover letters and surveys were provided to the total population of families (N=1,651) by the California Department of Education. Two hundred and eighty (280) families responded to the survey yielding a response rate of 16.9%. Similar to the pattern of mean scores demonstrated by Early Start families, mean scores indicated that overall, families of children with low incidence disabilities feel “Good” about Early Start services helping them to know their rights, effectively communicate their children’s needs, and help their children develop and learn (a) Question 1 ( $M=5.82$ ); (b) Question 2 ( $M=5.91$ ); and (c) Question 3 ( $M=6.13$ ). Figure 2 displays the percentage of families of children with low incidence disabilities responding 5 and higher to the three items.

**Figure 2: Percentage of Solely Low Incidence Families Responding 5 and Higher by Question**



In addition to reporting the means of overall responses by question, the DDS demarcated the three question means by regional center (see Table 2). With the exception of one regional center mean response to one question ( $M=4.86$ ), all means indicated a response of 5 (Good) or higher indicating that families are expressing more satisfaction and are achieving more positive outcomes with Early Start services helping them to know their rights, effectively communicate their children’s needs, and help their children develop and learn.



**Table 2: Question Means by Regional Center**

Regional Center	Number of Respondents	1. To what extent has early intervention helped your family know and understand your rights?	2. To what extent has early intervention helped your family effectively communicate your child's needs?	3. To what extent has early intervention helped your family be able to help your child develop and learn?
		Mean		
ACRC	88	5.08	5.65	5.93
CVRC	61	6.21	6.21	6.38
ELARC	52	5.69	5.96	6.14
FDLRC	61	5.56	6.03	6.40
FNRC	21	5.48	5.95	6.19
GGRC	66	5.48	5.83	6.15
HRC	41	4.86	5.78	5.78
IRC	90	5.66	6.00	6.20
KRC	23	5.70	5.83	5.83
NBRC	30	5.64	5.93	6.10
NLACRC	97	5.56	5.80	5.97
RCEB	132	5.37	5.67	5.80
RCOC	155	5.70	5.97	6.28
RCRC	5	5.00	5.00	5.20
SARC	100	5.40	5.77	6.07
SCLARC	47	5.28	5.45	5.66
SDRC	125	5.50	5.85	5.95
SGPRC	58	5.63	5.67	5.90
TCRC	69	5.46	5.47	6.10
VMRC	59	5.52	6.03	6.17
WRC	50	5.34	5.74	6.15

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for 2009:** The state's performance once again exceeded the measurable and rigorous targets for this indicator (89.8, 90.9 and 94.5 in FFY 2009 compared to 80.1, 88.7 and 91.3 in FFY 2008). Additionally, all mean scores indicated 5 (Good) and higher for each of the questions, indicating that families felt good about and were pleased with Early Start services. Contributing significantly to the state's favorable outcomes in this area is its Comprehensive System of Personnel Development (CSPD), which the state plans to continue supporting. The CSPD is engaged in many wide-ranging personnel development, training, and skill-building activities that directly impact this indicator. The CSPD's materials and training promote a philosophy emphasizing family education and empowerment as a highly effective

means of delivering services to families, and are focused specifically on evidence-based and family-centered content. Please see Attachment A for a detailed description of the CSPD and other ongoing state activities that support progress on this indicator.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2009:** DDS believes that using an adapted version of the Family Outcomes Survey (FOS) instrument developed by the Early Childhood Outcomes Center will provide an improved data-collection methodology since the questions directly target the three sub-indicator areas and are very family friendly and transparent. Also, since the FOS instrument is increasingly being used by other states it will allow for comparison with other states' performance. DDS will collaborate with the ICC Data Committee and ESQAAC about any adjustments that should be made to the baseline data because of transitioning to the new survey process.

Resources permitting, for the next APR DDS will develop strategies and a framework to increase the family survey response rate and elicit more responses by ethnicity group. Such strategies will include (1) enhancing the survey design and implementation (e.g., multiple follow up reminders with families), (2) collaborating with local family-centered organizations to help communicate to families the importance of the survey and to remind parents to complete the survey, and (3) translating materials into additional languages. Also, the total number of families sampled will be expanded and enhanced to provide more data to allow for (1) comparing performance by local programs, (2) reporting statistically-significant low-incidence data from LEAs, and (3) crafting improvement activities that distinctly contribute to positive family outcomes.

The proposed targets reflect increases in each of the three categories. Proposed targets, based on input from the ICC and previous performance levels, are as follows: 51, 44 and 75 percent for FFY 2011 and 51.5, 44.5 and 75.5 for FFY 2012.

## Part C State Annual Performance Report (APR) for FFY 2009

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, beginning on page 1.

<b>Monitoring Priority: Effective General Supervision Part C / Child Find</b>
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**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

<b>Measurement:</b> Percent = [(# of infants and toddler birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.
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FFY	Measurable and Rigorous Target
<b>2009 (2009-2010)</b>	0.95% of infants and toddlers birth to one in California will have IFSPs.

**Actual Target Data for FFY 2009 (2009-2010):** The percentage of California's population served under the age of one year was 0.98 percent (5,410 divided by 554,411, times 100). This figure is .03 percent above the state's rigorous target for FFY 2009. The California population served is .05 percent below the national percentage of 1.03 percent, which was obtained from Office of Special Education Table C-13 titled *"Percent of Infants and Toddlers Receiving Early Intervention Services under Individuals with Disabilities Education Act (IDEA), Part C, by Age and State: Fall 2009."*

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2009 (2009-2010):** Despite serious financial challenges and resulting program changes that transpired in FFY 2009, Early Start is continuing its extensive interagency child-find activities. As a result, California continues to exceed the target set for Indicator #5. The slippage in the percentage of under-age-one children served this year (.98 compared to 1.12 in FFY 2008) is due to the enactment of new state laws that have narrowed the definition for eligibility under Part C. These statutory changes eliminated "at-risk" as a qualifying condition for Part C services. A lower-cost, state-only Prevention Program was implemented and now serves these "at-risk" children, albeit in a more limited way. Therefore, the children now served through the Prevention Program (2,511 in October 2009) are not included in any of the Part C child counts, including counts for this indicator.

**Improvement Activities:** The state has a comprehensive and statewide public awareness and child-find system that operates collectively through its regional centers, Local Education Agencies, and family resource centers. These activities are mandated by state law and/or required by contract. In FFY 2009, these efforts were supported and augmented, as follows:

1. Development and dissemination of materials: Among the most effective referral tools in California's arsenal of child find materials is the *Reasons for Concern* brochure. It is located on DDS' Early Start website at [www.dds.ca.gov/EarlyStart](http://www.dds.ca.gov/EarlyStart). Hard copies of the brochure can be ordered in five languages. The brochure is also posted on the CDE website, DDS' partner for Part C in California, at [www.cde.ca.gov/sp/se/fp/concerns.asp](http://www.cde.ca.gov/sp/se/fp/concerns.asp). The *Reasons for Concern* concept offers families and providers an opportunity to determine if there is cause for concern about their child's development warranting further evaluation. During FFY 2009, 29,929 copies were distributed. *Reasons for Concern* companion posters, which display developmental milestones from birth to age 5, have been developed. However, due to budget constraints, release has been postponed until 2011.

A partial inventory of other DDS Early Start product reprints (in different languages) include a focus on outreach and referral information and an emphasis on providing material to the state's immigrant population. DDS disseminates a total of 47 products for the Early Start program. During FFY 2009, 107,010 copies of Early Start materials were ordered, including the brochure noted above. In addition to English, eight of these products are available in multiple languages - Spanish (28,173 items distributed), Chinese (3,268 items distributed), Vietnamese (3,243 items distributed), and Hmong (715 items distributed). Distribution by product in 2009 is as follows:

*Autism Spectrum Disorders* -2

*Central Directory* -1,492

*Starting Out Together* -2,914 English/ 5,426 Spanish/ and 360 Vietnamese

*Early Start Statutes and Regulations* – 81

*Family Introduction to Early Start* – 470 Chinese/ 10,395 English, 8,487 Spanish/ and 820 Vietnamese

*Family Resource Center* brochure – 792 Chinese, 5,703 English/ 2,910 Spanish/ 511 Vietnamese

*Parents' Rights* – 462 Chinese/ 6,392 English/ 57 Spanish/ 310 Vietnamese

*Early Start Fact Sheets* (nine individual handouts) – 19,982

*Reasons for Concern* – 1,251 Chinese/ 16,102 English/ 10,751 Spanish/ 1,110 Vietnamese / and 715 Hmong

*The Role of the Health Care Provider* – 2,022 English

2. California Statewide Screening Collaborative (CSSC): DDS has been participating since 2007 on the CSSC, the purpose of which is to coordinate the efforts of the various state agencies, organizations, and special projects striving to enhance California's capacity to promote and deliver effective and well-coordinated health, developmental, and early mental health screenings for young children, birth to age 5. The activities of the CSSC contributed to the State coordination of Child Find activities by:

- Improving coordination among state agencies and programs involved in early identification and recognition and response activities to support the development of young children.
- Promoting the use of standardized screening tools, effective screening protocols, and increased communication among agencies and services.
- Identifying screening resources and funding and follow-up supports that promote healthy early childhood development, school readiness, positive parent-child relationships, and access to services.

The CSSC website and toolkit, which were collaboratively developed to help community partners navigate early childhood developmental screening resources and best practices in screening, became available in FFY 2009, at: [www.first5ecmh.org/](http://www.first5ecmh.org/)

Another website and toolkit were also developed in FFY 2009. This site supports community-based providers with tools, resources, and information to communicate with one another when there are developmental or behavioral concerns in young children, and to help families obtain appropriate care and services. This website is: [www.cdph.ca.gov/programs/eccs/Pages/IST-HowToUse.aspx](http://www.cdph.ca.gov/programs/eccs/Pages/IST-HowToUse.aspx)

The CSSC also provides leadership guidance for "Project Launch," a Substance Abuse and Mental Health Services Administration (SAMSHA) funded pilot project in Alameda County designed to promote young child wellness, 0 to 8 years, by implementing three core principles:

- A public health approach: Prevention and promotion
- A holistic perspective: All developmental domains
- An ecological framework: Healthy stable safe and supportive families, communities, and cultures.

"Project Launch" has initiated the implementation phase with 5 core activities:

Mental health consultation  
Increased developmental assessments across service settings  
Family strengthening and parent training  
Home visitation programs  
Integration of behavioral health into primary care.

This project will use lessons learned to influence future policy for promoting young child wellness in the entire state.

3. The California Department of Health Care Services (DHCS), Newborn Hearing Screening Program (NHSP): The NHSP requires that every approved California Children's Services (CCS) hospital offer hearing screenings to newborns. Newborn hearing data is currently available from DHCS for the calendar year 2008. NHSP screened 511,830 infants (96%) of the total 552,618 births in California during 2008. Of those infants screened 832 infants were identified with a hearing loss and 100% of those infants were referred to Early Start. Data collected from NHSP indicate that 718 infants (86%) who were referred to Early Start actually enrolled.

Ten hospitals received initial NHSP certification during the FFY 2009, bringing the total number of certified hospitals participating in the NHSP to 248. Early Start staff members participate in the NHSP Quality Improvement Collaborative Team which meets biweekly. Further program information can be found at:  
[www.dhcs.ca.gov/services/nhsp](http://www.dhcs.ca.gov/services/nhsp).

4. California Children's Services (CCS) Newborn Screening Program (NBS): The NBS Program screens for the most common treatable diseases, as recommended by the American College of Medical Genetics and collaborative partner, the March of Dimes. Newborns with positive screens are referred to a CCS-approved Metabolic Center which works with the primary care provider to arrange for confirmatory testing. DDS continues to work with CCS and the Genetic Disease Branch on screening, referral protocols, and policies and will be tracking this program change. The NBS program does not track referral data. More information about this program can be found at:  
[www.cdph.ca.gov/programs/NBS](http://www.cdph.ca.gov/programs/NBS).

5. Child Abuse Prevention and Treatment Act (CAPTA): DDS continued its collaboration with the California Department of Social Services (CDSS) to improve the policies, procedures, and processes for making and receiving referrals for children under the age of three, who are involved in a substantiated case of child abuse or neglect, and who may be eligible for Part C early intervention services. This improvement effort was supported by webinar and technical assistance activities as well as multiple offerings of training on developmental screening tools, such as, the Ages & Stages Questionnaire (ASQ) and Parents Evaluation of Developmental Status (PEDS). In this reporting period there were approximately 13,316 children under the age of three in foster care placement. Approximately, 3.60 percent of new referrals to the RCs each month come from CPS or foster care. The data is published and available at the following website: [http://cssr.berkeley.edu/ucb\\_childwelfare/PIT.aspx](http://cssr.berkeley.edu/ucb_childwelfare/PIT.aspx).

6. Neonatal Intensive Care Unit (NICU) Liaisons: Regional centers continued to maintain liaison activities with their local NICUs throughout FFY 2009. Liaison activities included child find activities, referral intakes, and discharge planning with hospital staff to provide continuity of care between hospital and home. In 2009, the statewide total number of infants discharged from NICUs was 17,218, as follows:

- Infants discharged to home: 11,881 (68.99%)
- Infants transferred to another facility: 4,460 (25.90%)
- Infants who died before discharge: 877 ( 5.09%)

7. The California Children's Services (CCS) High Risk Infant Follow-Up (HRIF):

The HRIF program identifies infants who might develop CCS-eligible conditions after discharge from a CCS-approved NICU. HRIF serves infants who may have one of the following conditions: a serious congenital infection; an endocrine, metabolic or immune disorder; a blood disorder; birth weight less than 1,501 grams; a positive urine toxicology for any drug or signs of drug toxicity or withdrawal; discharge from a neonatal intensive care unit; or a congenital anomaly or other conditions, such as intrauterine growth retardation.

These infants and their families plus families who experience neonatal death are referred to local health departments and usually public health nurses provide the follow-up services. The goals of follow-up services are to promote optimal growth and development, teach the family how to care for the high risk infant, prevent complications, decrease morbidity and mortality, reduce stress and the potential for abuse, and ensure early identification and referral for further treatment and evaluation. The collaboration and referral network between the high risk follow-up and numerous programs such as Primary Care, Early Intervention, Perinatal Follow-up and others depending on the needs of the family continued throughout FFY 2009.

8. California Home Visiting Program: The Patient Protection and Affordable Care Act of 2010, the health care reform package signed into law by President Obama on March 23, 2010, provides \$1.5 billion over 5 years in mandatory funding for a Home Visiting Grant Program for States. The maternal, infant and early childhood home visiting programs will provide comprehensive and coordinated services to improve outcomes for families residing in identified at-risk communities.

The Governor designated the California Department of Public Health as the lead agency to apply for and administer funds for a home visiting program in California. The Maternal, Child and Adolescent Health (MCAH) Division has the lead role in responding to the early childhood home visiting program grant. MCAH developed the required statewide needs assessment with input from local programs and statewide stakeholders including Early Start. Early Start has been identified as a collaborative partner in the planning phase of the Home Visiting Program. Information about the Home Visiting Program is updated on a regular basis at the following website:  
[www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx](http://www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx).

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9. Referrals: From its automated information systems, the state collects referral data from RCs for all children referred for Part C services. More than half of the total referrals made during FFY 2009 emanated from physicians (33.87 percent) and families (31.27 percent). The following data details the FFY 2009 referral sources:

- |  |   |
|--|---|
| • Department of Public Social Services /County Welfare (0.75%) | • Maternal Child and Adolescent Health Contract Project (0.05%) |
| • Parent (31.27%)  | • Physician/Health Plan (33.89%)                                |
| • County Health Department (1.86%)                             | • County Mental Health (0.10%)                                  |
| • California Children's Services (0.40)                        | • Child Health and Disability Prevention (0.07%)                |
| • Local Education Agency (1.51%)                               | • Private Service Agency (0.98%)                                |
| • Child Care Provider (0.58%)                                  | • Child Protective Agency (3.02%)                               |
| • Hospital (17.15%)  | • Family Resource Center (0.28%)                                |
| • Regional Center (0.13%)                                      | • Other (7.96%)   |

10. "BabyLine": DDS continued to maintain a toll-free telephone line [referred to as the "BabyLine" - 800-515-BABY (2229)] which provides information in English and Spanish on Early Start, including resource and referral information for families. This information is also posted on the Early Start website. During FFY 2009, DDS staff received a total of 447 calls. July 2009 and August 2009 had the greatest call rate at 86, and 67 calls, respectively. This was a significant difference in calls from the previous year (1,641 in FFY 2008 minus 447 in FFY 2009 equals a decrease of 1,194).

The SFY 2009-2010 budget and resultant decrease in staff directly affected DDS' ability to document and track all calls received. Rather than having a specific person dedicated to this activity, responsibility for the calls was shared by clerical staff that answered calls and directed callers to the appropriate professional or program area. After consultation with the ICC about this issue, DDS shifted responsibility for answering BabyLine calls to professional DDS staff able to respond directly, identify issues of concern, document and track all calls. BabyLine" data is shared with the ICC at each meeting. The state also uses a contractor to track requests for materials initiated through the BabyLine involving Early Start resources. This contractor, WestEd, has an 800 line and received 145 total calls for Early Start resources in FFY 2009.

11. DDS and Regional Center Websites: DDS maintained a comprehensive website where information about Early Start services is located. The website, at [www.dds.ca.gov/Birth36Months/Index.cfm](http://www.dds.ca.gov/Birth36Months/Index.cfm), was redesigned this year to reflect the organizational changes that occurred regarding DDS services for children birth to 36 months. The new web-pages take into consideration that a new user may not know what services are available and the "Birth to 36 Months" webpage outlines the options for infants and toddlers. The section of this website that houses Early Start information



APR Template – Part C  
California

alone received over 31,720 visitors last fiscal year,. The number of page views by visitors was reduced during this fiscal year which most likely was due to the change in eligibility that took place in October 2009. Additionally, every RC in the state maintains its own website, which includes Early Start information.

**Revisions, with Justification, to Proposed Targets / Improvement Activities/ Timelines / Resources for FFY 2009 (2009-2010):** California does not propose any revisions to the improvement activities for this indicator at this time.

During the two-year extension of the SPP cycle, California is proposing targets of .97 for FFY 2011 and .98 for FFY 2012.

## Part C State Annual Performance Report (APR) for 2009

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, beginning on page 1.

### Monitoring Priority: Effective General Supervision Part C / Child Find

**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:** Percent = [(# of infants and toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

FFY	Measurable and Rigorous Target
<b>2009 (2009-2010)</b>	1.95% of infants and toddlers birth to three in California will have IFSPs.

**Actual Target Data for FFY 2009 (2009-2010):** In FFY 2009, the percentage of California's children served under three years of age was 2.29 percent (38,338 divided by 1,672,411 times 100). This percentage meets and exceeds the state's rigorous target set for FFY 2009 by .34 percent. The California population served is .38 percent below the 2.67 national percentage which was obtained from Office of Special Education Table C-13 titled *"Percent of Infants and Toddlers Receiving Early Intervention Services under Individuals with Disabilities Education Act (IDEA), Part C, by Age and State: Fall 2009."*

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2009 (2009-2010):** Despite serious financial challenges, the Early Start program is continuing its extensive interagency child find activities throughout the state, regions, and counties focusing on education, screening, assessment, referral, and case management. In FFY 2009 the state met and exceeded its measurable target of 1.95 percent by .34 percent. Although California exceeded the Measurable and Rigorous Target for this indicator, FFY 2009 was .19 percent less than FFY 2008's 2.48 percent. This slippage is likely due to the changes that limited eligibility for services under Part C.

**Improvement activities during FFY 2009 included the following:**

The state has a comprehensive and statewide public awareness and child-find system that operates collectively through its regional centers, local education agencies, and family resource centers. These activities are mandated by state law and/or required by contract. In FFY 2009, these efforts were supported and augmented through:

Quality Materials in Multiple Languages: DDS has continued to develop and disseminate high-quality materials on many different and highly-relevant topics. These materials are available on websites, in hardcopy, and through our many partners, in five languages (English, Spanish, Chinese, Vietnamese and Hmong). **See Indicator #5** for detailed information on materials and distribution.

The California Statewide Screening Collaborative (CSSC), on which DDS is a member, continued working to: improve coordination among state agencies and programs involved in early identification, promote the use of standardized screening tools and protocols, and identify screening resources and follow-up support. **See Indicator #5** for detailed information on the CSSC.

Project Launch, a Substance Abuse and Mental Health Services Administration (SAMSHA) funded pilot project in Alameda County is described in detail in **Indicator #5.**

The Department of Health Care Services' Newborn Hearing Screening Program (NHSP), screened 511,830 infants (96% of the total 552,618 births in California in 2008). Of those infants screened 832 infants were identified with a hearing loss and 100% of those infants were referred to Early Start. Data collected from NHSP indicate that 718 infants (86%) who were referred to Early Start actually enrolled. More detailed information about the NHSP is included in **Indicator #5.**

Newborn Screening Program (NBS), also through the Department of Health Care Services screens for the most common treatable diseases, as recommended by the American College of Medical Genetics and collaborative partner, the March of Dimes. **See Indicator #5** for more detailed information about the NBS Program.

Child Abuse Prevention and Treatment Act (CAPTA). Collaboration between DDS and the California Department of Social Services (CDSS) continued to improve procedures and processes that ensure appropriate referrals of children under the age of three, who are involved in a substantiated case of child abuse or neglect, and who may be eligible for early intervention services under Part C. **Indicator #5** contains detailed information about CAPTA collaborative activities.

Neonatal Intensive Care Unit (NICU) liaison activities by regional centers continued to offer valuable child find, discharge planning and referral services for families when infants leave the NICU (17,218 infants in FFY 2009). More detailed information about NICU liaison activities is included in **Indicator #5.**

The California Children's Services (CCS) High Risk Infant Follow-Up (HRIF) Program refers infants with various conditions to local health departments. Usually public health nurses provide the follow-up services in collaboration with other programs, including Early Start, depending upon the needs of the family. More detailed information about HRIF is included in **Indicator #5**.

The California Department of Public Health, Maternal and Child Health Branch is working to secure funding under the Patient Protection and Affordable Care Act of 2010 to administer a Home Visiting Program in California. Information about that effort is detailed in **Indicator #5**.

Referral Data is collected from RCs, through state automated information systems for all children referred for Part C services. More than half of the total referrals made during FFY 2009 emanated from physicians (33.87 percent) and families (31.27 percent). Detailed FFY 2009 referral data is included in **Indicator #5**.

"BabyLine" is the DDS toll-free telephone line, which provides information in English and Spanish on Early Start, including resources and referral information for families. Details about BabyLine calls and services are reported under **Indicator #5**.

Websites. DDS and Early Start websites are updated to contain the latest publications and information about services available for children birth to 36 months in a user-friendly, easily accessible format. Additionally, every RC in the state maintains its own website, which includes Early Start information. The website is found at: [www.dds.ca.gov/Birth36Months/Index/cfm](http://www.dds.ca.gov/Birth36Months/Index/cfm)

**Revisions, with Justification, to Proposed Targets / Improvement Activities/ Timelines / Resources for FFY 2009 (2009-2010):** California does not propose any revisions at this time to the improvement activities for this indicator. The targets proposed are 2.01 for FFY 2011 and 2.02 for FFY 2012.

## Part C State Annual Performance Report (APR) for FFY 2009

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, beginning page 1.

### Monitoring Priority: Effective General Supervision Part C / Child Find

**Indicator 7:** Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Measurement:

Percent = [(# of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

FFY	Measurable and Rigorous Target
<b>2009 (2009-2010)</b>	100% of children have evaluation, assessment, and an IFSP meeting within 45 days.

#### Actual Target Data for FFY 2009:

FFY 2009 data indicate that 70.30 percent of the children had their evaluation and assessment completed and an initial IFSP held within 45 days of referral (71 divided by 101 times 100 equals 70.30 percent). This figure compares to 75.97 percent of children who had their evaluation and assessment completed and an initial IFSP meeting held within 45 days of referral in FFY 2008. Evaluation and assessment requirements and initial IFSP meeting timelines are compliance items for which performance data is obtained through record reviews during on site monitoring visits. Due to the temporary lapse of on-site monitoring that occurred for six months of FFY 2009, only three on-site monitoring visits occurred in FFY 2009.

California currently documents exceptional family circumstances and counts these individual records in both the numerator and denominator. Exceptional family circumstances were documented in 11 of the 71 records depicted in the numerator as timely. DDS thoroughly reviews the information on the site visits to ensure that exceptional family circumstances are properly documented in each record and used in circumstances allowed by federal law.

**Infants Evaluated and Assessed and provided an Initial IFSP meeting Within Part C's 45-day timeline:**

c. Number of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	71
d. Number of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted	101
Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline (Percent = [(a) divided by (b)] times 100)	

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2009:** The difference on this indicator between 2008 and 2009 indicates a slippage of 5.67 percent. Based on a root cause analysis, DDS believes this slippage is largely attributed to the following areas:

1. Shortage of Qualified Professionals: The demand for qualified professionals to provide timely evaluations and assessments remains high while there has been limited increase in professional resources. Physical therapists, speech pathologists, and occupational therapists, among other disciplines, are particularly difficult to access. RCs continue to struggle to obtain the required evaluations and assessments from qualified professionals within the statutorily prescribed timeframe.

**Improvement Activities**

DDS continues to work with RCs to address the factors impacting performance on this indicator. DDS is mindful, however, that it has a limited influence on the larger federal issues that impinge on local programs' performance. The activities that continue to support local programs' ability to comply with this indicator are identified below.

Updates on the improvement activities for FFY 2009 are as follows:

- A. Training and Personnel Development: California's Comprehensive System of Personnel Development (CCSPD) continues to include the Early Start Institute Series for service providers, service coordinators, family support personnel and

other interested parties. DDS contracts with WestEd Center for Prevention and Early Intervention to coordinate implementation of these personnel development activities. The importance of completing evaluations, assessment activities, and conducting IFSP meetings within the 45-day timeline are interwoven throughout the series as the matrix in Attachment A illustrates.

- B. California's Community College Personnel Preparation Project (CCPPP): The CCPPP is an ongoing project that addresses shortages in early intervention paraprofessional personnel. The CCPPP supports community colleges in developing comprehensive curriculum in their child development programs for persons interested in working with infants and toddlers and young children with disabilities. Out of 112 colleges 54 currently participate in the CCPPP at various levels with 46 offering state-level Early Intervention Assistant Certificates. The project includes coordinating articulation agreements between the community colleges and 4-year colleges and universities. These activities contribute to capacity building and sustainability in the preparation and support of qualified paraprofessionals so that professional personnel may focus on the tasks associated with meeting the Part C, 45-day timeline.
- C. Speech and Language Pathology Assistant (SLPA) Efforts: The state maintains that the use of SLPAs to provide direct services helps to relieve licensed speech and language pathologists and audiologists from work that then allows the licensed personnel to conduct evaluations and assessments more timely. Although state regulations to effect needed changes are written, DDS is waiting for promulgation of the final federal Part C regulations so all necessary state regulation changes can be performed in a single regulation package. Until then, DDS works with local agencies to permit use of SLPAs on a program-by-program basis.
- D. Early Start Quality Assurance Advisory Committee (ESQAAC): In 2009 the state developed ESQAAC to work in partnership with RCs. This collaborative effort has reviewed federal requirements and revisited the on-site monitoring protocol. Revisions were made and the on-site monitoring resumed in January 2010. Quarterly meetings occur to address priority topics which include evaluation, assessment, and meeting the 45-day timeline. See additional information on ESQAAC in Attachment D.
- E. Technical Assistance: DDS has availed itself of technical assistance opportunities made available through OSEP including face-to-face visits and monthly conference calls hosted by Ruth Ryder. Additional technical assistance was gleaned through participation in the National Infant-Toddler Coordinators Association meetings and Board Retreat, the National Early Childhood Technical Assistance Center (NECTAC) webinars and Early Childhood Outcomes Center sponsored conference calls, and through the Western Regional Resource Center (WRRRC).

- F. Revised Early Start Report: As reported in previous APR's, DDS has continued to work on the revisions to the Early Start Report to increase the state's universal reporting capacity on this indicator.

**Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):**

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 75.97%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	<b>5</b>
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>2</b>
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>3</b>

**Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:**

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	<b>3</b>
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	<b>1</b>
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>2</b>

**Verification of Correction (either timely or subsequent):** Data gathered for the verification of correction is collected through on-site verification visits. While on site for the verification visits, DDS confirms that an IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In addition to the above, DDS notifies the local program, in writing, of the noncompliance. A root cause analysis is completed by the RC, with assistance from DDS, and determines if the noncompliance requires a revision to policies or procedures that contributed to the reasons for the delays. If it is determined that revisions are needed, a plan of correction is developed to establish appropriate policies and procedures to ensure compliance with the standard. If this is not the root cause, the RC identifies and documents the action that needs to be taken to ensure the finding will be cleared. These actions are documented and submitted to DDS. DDS ensures that each agency



with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent verification review as soon as possible.

**Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):**

DDS was able to complete verification visits at four of the five RCs issued findings in FFY 2008 with findings for this indicator. A verification visit at the fifth RC is scheduled to occur in FFY 2010. Results of those visits follow:

- Two of the five findings identified for this indicator for FFY 2008 were verified as corrected within the required timeline.
  - DDS confirmed for both programs that an IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS program. This occurred during the original monitoring visit (Prong 1).
  - DDS verified for both programs that the RC is: (1) correctly implementing the specific regulatory requirements based on on-site verification reviews. These reviews occurred in April (Program 1) and June (Program 2) of 2010. These verification visits consisted of a review of 61 subsequent child records at the two programs. The records demonstrated compliance with this Indicator (Prong 2).
- One of the five findings identified on this indicator for FFY 2008 was cleared but outside the required timeline.
  - DDS confirmed for the program that an IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS program. This occurred during the original monitoring visit (Prong 1).
  - DDS verified for the program that the RC is: (1) correctly implementing the specific regulatory requirements based on an on-site verification review. The review occurred July of 2010. This verification visit consisted of a review of 39 records. The records demonstrated compliance with this Indicator (Prong 2).
- Two of the five findings identified on this indicator for FFY 2008 remain out of compliance:
  - One RC has made significant progress towards compliance. This was verified through an on-site verification visit in June of 2010. In the Plan of Correction, the RC has provided new policies and procedures to assure that the 45 day timeline will be achieved in Early Start. Although the RC was unable to clear this finding, DDS is confident in the ability of this program to meet the requirements at the next verification visit. DDS will monitor this RC's progress on a quarterly basis to track progress towards compliance.
  - The remaining finding identified on this indicator for FFY 2008 remains out of compliance. This RC was scheduled for a correction verification visit in September of 2009 but the visit was postponed due to the lack of a state budget. This RC will be visited in 2011.

**Correction of Remaining FFY 2007 Findings of Noncompliance:**

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP's June 2010, FFY 2008 APR response table for this indicator	<b>3</b>
2. Number of remaining FFY 2007 findings the State has verified as corrected	<b>1</b>
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	

**Verification of Correction of FFY 2007 noncompliance or FFY 2007 findings (either timely or subsequent):** DDS was able to verify correction of one RC of the three remaining FFY 2007 findings as follows:

- One of the three findings identified on this indicator for FFY 2007 was verified as corrected within the required timeline.
  - DDS verified for the RC that an IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS program. This occurred during the original monitoring visit (Prong 1).
  - DDS verified for the RC is: (1) correctly implementing the specific regulatory requirements based on on-site verification reviews. This review occurred in May of 2010. This on-site verification visit consisted of a review of 35 subsequent child records at the program. The records demonstrated compliance with this Indicator (Prong 2).
- Two of the three remaining findings identified on this indicator for FFY 2007 remain out of compliance as follows:
  - DDS conducted an on-site review for one of the programs in October of 2010. The RC was unable to clear findings in this indicator. This RC has identified a systemic organization issue that needs resolution. DDS and the California Department of Education will develop a plan to address this issue and to ensure verification of correction. DDS will be in contact with this RC monthly until compliance is verified.
  - The remaining finding identified in FFY 2007 remains out of compliance. A verification visit was scheduled in fall of 2009 but was postponed due to the lack of a budget. This visit will occur in 2011.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):** California does not propose any revisions to this indicator. An improvement activity to be completed in FFY 2011 is implementation of the Early Start Report.

**Part C State Annual Performance Report (APR) for FFY 2009**

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, beginning page 1.

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

**Indicator 8:** Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services
- B. Notification to LEA, if child potentially eligible for Part B: and
- C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a) (3) (B) and 1442)

**Measurement:**

- a. Percent equals number of children exiting Part C who have an IFSP with transition steps and services divided by number of children exiting Part C times 100.
- b. Percent equals number of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the number of children exiting Part C who were potentially eligible for Part B times 100
- c. Percent equals number of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the number of children exiting Part C who were potentially eligible for Part B times 100.

FFY	Measurable and Rigorous Target		
	Transition Steps	LEA Notification	Transition Conference
<b>2009 (2009-2010 )</b>	100%	100%	100%

**Actual Target Data for FFY 2009 (2009-2010):** The following chart compares this year's performance on Indicator 8 with that of last year:

Transition Area	FFY 2008 Results (%)	FFY 2009 Results (%)	Percentage Difference
8A: Transition Steps	91.38 %	100 %	+ 8.62 %
8B: LEA Notification	87.36 %	100 %	+12.64 %
8C: Transition Conference	96.55 %	100 %	+ 3.45 %

**Calculations:**

8A: Transition Steps = 100 percent (34 records in compliance divided by 34 total records sampled times 100 equals 100 percent).

8B: LEA Notification = 100 percent (34 records in compliance divided by 34 total records sampled times 100 equals 100 percent).

8C: Transition Conference with LEA = 100 percent (34 records in compliance divided by 34 total records sampled times 100 equals 100 percent).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2009 (2009-2010):** The data for this indicator is gathered through a randomized sample of children who are at least 2 years, six months or older at the time of the on-site review.

A comparison of the on-site monitoring data between the 2008 and 2009 FFYs shows that California's performance progressed substantially on each subpart of Indicator 8. This progress reflects the improvement in interagency coordination and collaboration between RCs and local educational agencies (LEA) and Special Education Local Planning Areas (SELPA). As discussed below, DDS is working with all parties, including the CDE, to continue to be in compliance with this indicator.

Subsequent to submitting the 2007 APR and receiving OSEP guidance, DDS initiated increased manual data collection of Indicator 8 during visits to local programs and will collect the data in this manner until the Early Start Report provides universal data for this indicator. As discussed in the *Overview of the Annual Performance Report Development* (and detailed in Attachment D), DDS convened a committee of RC representatives and DDS staff to review federal requirements and to revisit the state's Part C monitoring process. Regional-center on-site monitoring was held in abeyance while this committee collaboratively worked with DDS to identify the key issues and to improve the monitoring process and protocol. The time expended in this effort led to a lapse in on-site monitoring of 6 months during FFY 2009. As a result of this, only three on site monitoring reviews were conducted for FFY 2009. The state believes its revised on site monitoring approach is now more consistent, efficient and productive. DDS resumed on-site monitoring in January of 2010 and is continuing to refine this new monitoring protocol. Therefore, due to this temporary lapse in on-site monitoring, only three RCs were reviewed and 34 records for transition have been used in this report. As stated above, DDS completes a randomized pull for records that are reviewed at the on

site review. DDS' practice to include a higher proportion of transition age records during its reviews continues to be implemented and will be reflected in the FFY 2010 APR.

As part of DDS' restructuring of the on-site monitoring system, the correction of items in noncompliance was a focus in FFY 2009. In addition to the transition records discussed above, DDS completed on-site verification reviews at seven RCs which resulted in 109 transition records with transition activities. These results are reflected in the clearance of non compliance from prior fiscal years.

**Improvement Activities:** Accessing the technical assistance for Indicator 8A,8B, and 8C suggested by OSEP in its June 3, 2010 letter, in combination with the following activities and actions conducted during this period, helped the state improve its' performance on this indicator:

1. California's Comprehensive System of Personnel Development: California's Comprehensive System of Personnel Development (see Attachment A) continues to include the Early Start Institute Series for service providers, service coordinators, family support personnel and other interested parties. DDS contracts with WestEd Center for Prevention and Early Intervention to coordinate implementation of these personnel development activities. *Early Start Essentials* included a workshop titled *Positive Transition Planning*. It provided training to service coordinators, vendors, and LEA representatives on strategies to assure a smooth transition from Part C to Part B services including timely notification, planning, preparation, transition steps, outcomes and service provision.
2. Two FFY 2009 training events that are linked to improving the state's transition performance are as follows:
  - a. Early Start Advanced Practice Institute sponsored by DDS and coordinated by WestEd, featured Sharon Walsh, Co-Director of Walsh Taylor Incorporated. The topics included the state of affairs pertaining to Part C of IDEA in the current state of economy, national initiatives and priorities, and the Transition FAQ's. National trends and strategies for local programs were also identified. In addition, policy changes in the state of California and the implications for programs and families. Technical assistance resources that support quality service provision were provided to the participants.
  - b. CDE and DDS collaborated for multiple sessions at the Special Education Early Childhood Administrators Project (SEECAP) conference in 2010. This training is sponsored by CDE. Sharon Walsh, Co-Director of Walsh Taylor Incorporated was also present for these trainings. The trainings provided the state an opportunity to address the specifics of transition from Parts C to B, including timely notification, transition steps and the transition conference. Part of the training included the identification of local level issues and the resources that would be helpful to address these issues by both CDE and DDS. Attendance at the SEECAP conferences includes administrators and parent or professional leaders from all agencies serving children birth through age five and their families.

3. The following are collaborative actions undertaken by DDS and CDE to improve transition from Part C to Part B:
  - a. Designation of an Early Start Program and a CDE representative to address transition issues between local programs and SELPAs/LEAs.
  - b. Enlisting the *Supporting Early Education Delivery Systems* (SEEDS) Project, via contract with the CDE, to provide technical assistance to early childhood special education programs.
  - c. Continuous communication and meetings between Part C and Part B state-level program representatives to discuss issues around transition and data sharing.
  - d. Through NECTAC and WRRRC, establishing a transition project to improve all aspects of transition throughout the state. This includes joint trainings to the community that focus on conducting transition meetings, preparing families for transition, interagency communication and notification, developing and implementing transition steps, and facilitating dialogue between Part C and B personnel. DDS and CDE are working on the recommendations, including some of the following activities: revising a joint transition handbook, developing and disseminating transition brochures, developing a short section for the Service Coordinator's Handbook on preparing families for transition, developing a letter announcing transition training at the Institutes through WestEd, developing an annual letter and quarterly bulletins to SELPA Directors and Early Start Managers on expectations for local programs around transition, and providing local contacts and available resources. DDS and CDE continue to work with WRRRC regarding availability of webinar capabilities and transition videos. The Early Start Report changes will also allow DDS to obtain data and meet CDE's need for reporting on transition.
  - e. DDS continues to work with the RCs, local education programs, SELPAs, and CDE to address the problems with the transition process. The Early Start Local Support Unit Liaisons are actively working with the RCs to address the specific issues that the programs are having with the LEAs and SELPAs. This includes providing training, attending joint meetings between the RCs and LEAs/SELPAs, and assisting with the Interagency Agreements (IA's) between the RCs and LEAs/SELPAs.
4. Early Start Report: DDS has continued to refine the transition and other sections of the Early Start Report (ESR). DDS has initiated the formal review and approval processes needed to implement the revised form. DDS will launch the ESR in the spring of 2011. The new changes are designed to capture universal data to: (1) more effectively monitor and report on this indicator; (2) provide both DDS and CDE specific information to identify potential transition problem areas, and (3) gauge statewide effectiveness of transition for infants/toddlers and their families.

5. Early Start Quality Assurance Advisory Committee (ESQAAC): As discussed in Attachment D, DDS is working collaboratively with the ESQAAC to address the transition issues, policies, and procedures for the state of California. The ESQAAC has compared and analyzed California's regulations with the federal regulations related to transition. The group analyzed and agreed to the policies and procedures to be used by the State to ensure a smooth transition.
6. Technical Assistance: DDS has availed itself of technical assistance opportunities made available through OSEP including face-to-face visits and monthly conference calls hosted by Ruth Ryder. Additional technical assistance was gleaned through participation in the National Infant-Toddler Coordinators Association meetings and Board Retreat, the National Early Childhood Technical Assistance Center (NECTAC) webinars and Early Childhood Outcomes Center sponsored conference calls, and through the Western Regional Resource Center (WRRRC). DDS participated in the WRRRC meeting in November 2009 that addressed late referrals to Part C. DDS also participated in the WRRRC Part C/619 regional call in February 2010 that addressed Early Childhood Transition FAQ clarification around potentially eligible, LEA notification/referral, APR reporting, and other transition topics.

**Verification of Correction (either timely or subsequent):** DDS gathers data to verify corrections through on-site verification visits. While on site for these verification visits, DDS confirms that transition steps, LEA notification and the transition conference occurred, although late for any child whose transition did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In addition to the above, DDS notifies the local program, in writing, of the noncompliance. A root cause analysis is completed by the RC, with assistance from DDS, and determines if the noncompliance requires a revision to policies or procedures that contributed to the reasons for the delays. If it is determined that revisions are needed, a plan of correction is developed to establish appropriate policies and procedures to ensure compliance with the standard. If this is not the root cause, the RC identifies and documents the action that needs to be taken to ensure the finding will be cleared. These actions are documented and submitted to DDS. DDS ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent verification review as soon as possible.

**Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):**

Indicator 8a

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 91.38 percent.

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	<b>3</b>
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>0</b>
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>3</b>

<b>Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):</b>	
4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	<b>3</b>
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	<b>1</b>
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>2</b>

**Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):**

Indicator 8a: DDS was able to complete on-site monitoring at the three RC's with outstanding findings from FFY 2008. The following is the results of those visits:

- One of the three findings identified for this indicator for FFY 2008 as verified as corrected but outside the required timeline.
  - DDS confirmed that the RC completed the required action, although late unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. This occurred during the original monitoring visit (Prong 1);
  - DDS verified that the RC is correctly implementing the specific regulatory requirements in 34 CFR §§303.148(b)(4) and 303.344(h). This on-site verification visits consisted of a review of 27 transition records in July 2010. The records demonstrated compliance with C-8a (Prong 2).
- Two of the findings identified for FFY 2008 remain out of compliance. Both of these RC's serve a high number of children (one of those RC's actually serves the most



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children in the state of California with an average of 2,800 children a month). Due to the large catchment areas, both RC's have numerous LEAs and SELPAs with which transition services are coordinated. DDS continues to provide technical assistance to both RC's to address this item. DDS is confident in the ability of both programs to meet the requirements at the next verification visit.

- One of the RC's that remains out of compliance on this item has made significant progress towards compliance. In the plan of correction, the RC provided new policies and procedures to assure that transition steps will be included on the transition IFSP. The RC has conducted joint trainings with the RC and the LEAs. The RC has also revised the transition portion of the IFSP and added transition outcome to the annual IFSP meeting for all two year olds in their program.
- The remaining RC that is out of compliance on this item has a large catchment area of 10 counties. In addition to the large catchment area, the root cause analysis completed by the RC revealed that many children are referred after two years, six months. The RC is working with their community to address this item.

Indicator 8b

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 87.36 percent.

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	<b>3</b>
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>2</b>
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>1</b>

<b>Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):</b>	
4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	<b>1</b>
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	<b>1</b>
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>0</b>

**Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):**

Indicator 8b: All three of the RC's that were found to be out of compliance on this item in FFY 2008 were able to be verified as corrected:

- Two of the findings were corrected timely. On-site verification visits were conducted in FFY 2009. DDS verified that both RCs:
  - Have completed the required notification, although late unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. (Prong 1).
  - Were correctly implementing the specific regulatory requirements in 34 CFR §§303.148(b) (1) based on site-monitoring reviews in April and June of 2010. A total of 31 transition records that demonstrated compliance with C-8b (Prong 2).
- One finding was verified as corrected but outside of the required timeline. An on-site visit occurred in July 2010 and verified that the RC:
  - Had completed the required notification, although late unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. (Prong 1).
  - Was correctly implementing the specific regulatory requirements in 34 CFR §§303.148(b) (1) based on site-monitoring reviews in July of 2010. A total of 20 transition records that demonstrated compliance with C-8b (Prong 2).

Indicator 8c

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 96.55 percent.

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	1
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	1
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

**Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):**

Indicator 8c:

- The one RC that was found to be out of compliance on this item in FFY 2008 was able to be verified as corrected within the required timeline. The on-site verification visit was conducted in April 2010. DDS verified that the RC:

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- Has completed the required action, although late unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. (Prong 1)
- Was correctly implementing the specific regulatory requirements in 34 CFR §§303.148(b)(1) based on a review of 8 records that demonstrated compliance with C-8c (Prong 2).

**Correction of Remaining FFY 2007 Findings of Noncompliance:**

Indicator 8a

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP's June 2010, FFY 2008 APR response table for this indicator	<b>2</b>
2. Number of remaining FFY 2007 findings the State has verified as corrected	<b>1</b>
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	<b>1</b>

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:**

Indicator 8a:

The SPP/APR Response table indicated California had two outstanding findings from FFY 2007 that were not verified as corrected within the required timeline.

- As reported in the FFY 2008 APR, one finding was cleared within the required timelines as follows:
  - DDS confirmed that transition steps and services were developed for each child, although late, for any child whose steps and services were developed at the transition IFSP. This was verified through a review of the original child records during the original on-site monitoring. (Prong 1).
  - DDS verified that the RC was correctly implementing the specific regulatory requirements based on a review of 27 subsequent child records in an on-site visit in October of 2008 (Prong 2).
- The other RC that remains out of compliance was scheduled for an on-site verification visit in October of 2010. This visit was postponed due to the lack of a state budget. This RC has been scheduled for a verification visit in March 2011. The RC has made significant progress towards compliance on this item. The Plan of Correction for this program identifies that the RC has conducted trainings with the RC staff to ensure this item is addressed on the transition IFSP. DDS is confident in the ability of the program to meet the requirements at the next on site verification visit.

Indicator 8b

**Correction of Remaining FFY 2007 Findings of Noncompliance:**

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP's June 2010, FFY 2008 APR response table for this indicator	<b>3</b>
2. Number of remaining FFY 2007 findings the State has verified as corrected	<b>0</b>
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	

Indicator 8b:

- All three of the RC's that were found to be out of compliance on this item in FFY 2007 had verification visits postponed due to the lack of a state budget. One visit was conducted in October of 2010, but the RC was not able to demonstrate correction. The finding was not closed. The RCs have been scheduled for verification visits in 2011. In the plans of correction, the RC's have conducted trainings with the RC staff to ensure this item is addressed when completing the required transition process. DDS will continue to monitor the progress towards compliance on this indicator.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010(if applicable):** California does not propose any revisions to the indicator.

## Part C State Annual Performance Report (APR) for FFY 2009

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, beginning on page 1.

### Monitoring Priority: Effective General Supervision Part C / General Supervision

**Indicator 9:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416 (a)(3)(B) and 1442)

**Measurement:**

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
  - b. # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = [(b) divided by (a)] times 100.

FFY	Measurable and Rigorous Target
FFY 2009 (2009-2010)	100% of noncompliance findings are corrected within one year of identification.

**Actual Target Data for FFY 2009:** FFY 2009 data show that 84.99 percent of noncompliance findings are corrected within one year of identification (1665 divided by 1959 times 100). This represents slippage of 1.7 percent from FFY 2008 (86.69 – 84.99 = 1.7).

### Describe the Process for Selecting EIS Programs for Monitoring:

DDS monitors the implementation of Part C early intervention services, provided in California through the Early Start program. The primary focus of state monitoring activities is on improving results and functional outcomes for all children with disabilities; and ensuring that local programs meet all Part C requirements. DDS monitors local programs using quantifiable indicators in each of the priority areas specified by OSEP.

DDS conducts on-site program monitoring on a tri-annual cycle. In addition, local programs are selected for monitoring reviews based on factors which include outstanding noncompliance and level of noncompliance on a given indicator. DDS tracks compliance with findings derived from complaints, due process hearings and findings issued by CDE regarding Part C, to ensure that decisions rendered are implemented.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2009:**

**Improvement Activities**

1. DDS has revised the Early Start Report (ESR) to capture all data necessary to (1) more effectively monitor and report on this indicator, (2) support focused monitoring, and (3) provide both DDS and CDE with the information and data necessary to identify issues in local programs and focus technical assistance and support to those programs. ESR implementation is scheduled for the spring of 2011.
2. The work of the Early Start Quality Assurance Advisory Committee (ESQAAC), detailed in Attachment D, has led to the collaborative development of an improved monitoring approach that better focuses on elements required by Part C. This approach will help facilitate the determination and clearance of findings within prescribed timelines. The ESQAAC worked to align California's regulations with the federal Part C regulations to ensure that DDS is monitoring all elements required by federal regulations and set forth in the individual indicators of the APR.
3. California continued to provide training to service providers, service coordinators, family support personnel, vendors, LEAs and other interested parties through its Comprehensive System of Personnel Development (CSPD) Attachment A provides detailed information about the various components of the CSPD, training offered, and numbers of staff who participated in FFY 2009.
4. DDS and CDE continued to work collaboratively to improve transition from Part C to Part B. State-level Early Start Program and CDE representatives met regularly to address data sharing and transition issues between local programs and SELPAs/LEAs. CDE enlisted the Supporting Early Education Delivery Systems (SEEDS) Project to provide technical assistance to early childhood special education programs. The state received technical assistance through NECTAC and (WRRC) and has established a transition project to improve all aspects of transition throughout the state.
5. Technical Assistance: DDS has availed itself of technical assistance opportunities made available through OSEP including face-to-face visits and monthly conference calls hosted by Ruth Ryder. Additional technical assistance was gleaned through participation in the National Infant-Toddler Coordinators Association meetings and Board Retreat, the National Early Childhood Technical Assistance Center (NECTAC) webinars and Early Childhood Outcomes Center-sponsored conference calls. DDS also participated in the Western Regional Resource Center (WRRC) meeting in November 2009 that addressed late referrals to Part C and the WRRC Part C/619 regional call in February 2010 that addressed APR reporting, early childhood transition FAQ clarification, and other transition topics.

DDS continues to work with Sharon Walsh of Walsh Taylor Associates and the Data Accountability Center (DAC) for training and technical assistance.

### **Explanation of Slippage**

The difference on this indicator between 2008 and 2009 indicates a slippage of 1.7 percent ( $86.69 - 84.99 = 1.7$ ). Based on a root-cause analysis, DDS believes this slippage is largely attributed to the following:

1. Suspension of On-Site Monitoring: DDS suspended on site monitoring of local RCs while working with the ESQAAC to revise the monitoring protocol. DDS resumed on-site monitoring in January 2010 and thus had only six months in FFY 2009 to schedule and conduct monitoring and verification visits.
2. Shortage of Qualified Professionals at the Local Level: Between the Prevention and Early Start Programs, the demand for qualified professionals to provide timely evaluations and assessments remains high while there has been limited increase in professional resources. Physical therapists, speech pathologists, and occupational therapists, among other disciplines, are particularly difficult to access in many of the state's rural areas; consequently, RCs continue to struggle to obtain the required evaluations and assessments from expert practitioners within the statutorily prescribed timeframe.

**Timely Correction of FFY 2008 Findings of Noncompliance (corrected within one year from identification of the noncompliance):**

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009) (Sum of Column a on the Indicator C 9 Worksheet)	<b>1959</b>
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	<b>1665</b>
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	

**Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:**

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	<b>294</b>
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	<b>281</b>
6. Number of FFY 2008 findings <u>not</u> yet verified as corrected [(4) minus (5)]	

**Actions Taken if Noncompliance Not Corrected:**

**Indicator #2 Provision of Services in Natural Environments**

<b>Indicator #2</b>	9 of the 1959 findings of noncompliance identified for FFY 2008 were in this Indicator.	3 of the 9 findings for FFY 2008 continue to be out of compliance.
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Three RCs remain out of compliance on this indicator. The first is located in an urban setting with early intervention programs that have been in existence since prior to Part C implementation in California. These programs were established as clinical programs based on the medical model with services provided in clinic settings. The RC has provided training and guidance about the importance of providing services in natural environments as part of the child's daily routine. The RC has made significant progress towards compliance. The RC sent a letter to all of the Early Start providers stating that services need to be provided in a natural environment unless an appropriate justification is present in the IFSP. In July of 2009, DDS and the RC conducted training on natural environments for approximately 100 participants, including RC clinical staff and upper management, service coordinators, service providers and LEA staff. DDS conducted an on-site verification visit in June 2010. While the RC was unable to clear this finding, DDS is confident in the ability of this program to meet the requirements at the next verification visit.



Another RC that remains out of compliance on this indicator is located in a very rural setting. In the plan of correction, the RC explained that the unique delivery system in their geographic area includes a partnership between the RC and the local SELPAs. Due to this partnership, the majority of Early Start consumers attend infant development programming in school settings. This RC has identified a systemic issue that needs resolution. DDS and CDE have developed a plan to address this issue and to ensure verification of correction. DDS will maintain monthly contact with this RC until compliance is verified.

The third RC that remains out of compliance on this indicator continues to have a shortage of qualified professionals in the catchment area. DDS will be working with the RC more closely on this issue. Measures and methods include but are not limited to the sharing of recruitment and retention strategies from other RCs and training of community professionals to expand their skill sets to serve more children in natural environments.

### **Indicator #7 Timely Evaluation and Assessment**

<b>Indicator #7</b>	11 of the 1959 findings of noncompliance identified for FFY 2008 were in this indicator. 5 were identified through on-site verification visits. 4 were identified through the complaint process. 2 were identified through due process hearings.	3 of the 11 findings for FFY 2008 remain out of compliance
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Two of the three remaining findings for this indicator were identified through on-site verification visits. One of the three was identified through a due process hearing. DDS completed on-site verification visits at all but one of the RCs issued findings for this Indicator in FFY 2008.

One RC has made significant progress towards compliance. This was verified through an on-site verification visit in June of 2010. In the plan of correction, the RC implemented new policies and procedures to assure that the 45 day timeline will be achieved in Early Start. Although the RC has not yet cleared this finding, DDS is confident in the ability of this program to meet the requirements at the next verification visit. DDS will monitor this RC's progress on a quarterly basis to track progress.

Another RC with findings identified on this indicator for FFY 2008 remains out of compliance. This RC was scheduled for a correction verification visit in FFY 2009 but the visit was postponed due to a delayed state budget and suspended spending authority. DDS will reschedule follow-up visits and continue to work closely with the RC.

DDS has met with the program manager at the third RC and discussed the requirements to clear this finding (identified through the complaint process). DDS will continue to work closely with the local program to correct these findings and will verify the correction.

### **Indicator # 8a Transition to Part B – IFSPs with Transition Steps and Services**

<b>Indicator #8a</b>	3 of the 1959 findings of noncompliance identified in FFY 2008 were in this indicator.	2 of the 3 findings identified for FFY 2008 remain out of compliance.
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DDS completed on-site monitoring at the three RC's with outstanding findings on this indicator from FFY 2008.

Two of the three RC's serve high numbers of children (one serves an average of 2,800 children a month). Due to the large catchment areas, both RC's have numerous LEA's and SELPA's with which transition services are coordinated. DDS continues to provide technical assistance to both RC's to address this item. DDS is confident in the ability of both programs to meet the requirements at the next verification visit.

- One of the RC's, as part of the plan of correction, has implemented new policies and procedures to assure that transition steps will be included on the transition IFSP. The RC has conducted joint trainings with the RC and the LEA's. The RC has also revised the transition portion of the IFSP and added an IFSP outcome item to address transition at the annual IFSP meeting for all two year olds in their program.
- The other RC that is out of compliance on this indicator serves a large geographic area (10 counties). In addition to the large catchment area, the RC determined, through a root-cause analysis, that many children are referred after the age of two years and six months. The RC is providing training to staff and working with their community to address this issue.

**Other Areas of Noncompliance for FFY 2008:**

**IFSPs Contain Present Levels of Development in Five Domains**

<b>IFSPs contain present levels of development in five domains.</b>	2 of the 1959 remaining FFY 2008 findings were in this indicator.	2 of the 2 findings identified for FFY 2008 remain out of compliance
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DDS conducted on-site verification visits in June 2008 and April 2010. The RC was unable to clear findings in this indicator. This RC has identified a systemic issue that will be resolved through training. DDS continues monthly calls with the RC to clear outstanding findings.

This RC serves a catchment area of 10 counties through nine offices. As part of the RC's plan of correction, the RC indicated that trainings would be conducted with the RC staff from all offices to address this item.

Due to the longstanding noncompliance, DDS has taken the follow steps:

- DDS continues to provide technical assistance to this RC to address this item.
- DDS has also recruited a senior member of the RC staff to be a member of the ESQAAC committee.
- DDS sent a letter from the DDS Deputy Director to the RC, informing the RC Executive Director of the longstanding noncompliance and the enforcement actions that could result from the continued noncompliance. As a result of the letter, DDS met with the RC management to discuss the actions the RC will take to clear this finding. DDS will conduct monthly meetings with the RC to monitor the improvement activities and performance on the outstanding items.

The remaining finding identified on this indicator for FFY 2008 continues to be out of compliance. This RC will be reviewed in FFY 2010.

### Timely Written Notification to Families of IFSP Meeting

<b>Timely written notification to families of IFSP meeting.</b>	5 of the 1959 findings of noncompliance identified in FFY 2008 were in this indicator.	2 of the 5 FFY 2008 findings remain out of compliance
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DDS conducted an on-site verification visit at one RC with findings in this indicator in July of 2010. RCs continue to struggle with shortages in qualified professionals to conduct timely evaluations and assessments. Delays, due to these shortages impact the RCs ability to provide timely written notice in all cases. When notice is delayed, the RCs schedule the IFSP meeting as soon possible, at the convenience of the family, to comply with the 45 day timeline. The RC's plan of correction proposes training for staff on this indicator. Although the RC was unable to clear this finding, DDS is confident in the ability of this program to meet the requirements at the next verification visit.

DDS was unable to conduct on-site verification visits at one of the five RCs with findings of noncompliance identified in FFY 2008 due to the delayed state budget and suspended spending authority. The RC will be scheduled for verification review in FFY 2010.

### IFSPs List Services for the Child that Contain Method, Frequency, Intensity, and Duration

<b>IFSPs list services for the child that contain method, frequency, intensity, and duration.</b>	2 of the 1959 findings of noncompliance identified in FFY 2008 were in this indicator.	1 of the 2 remaining FFY 2008 findings was cleared.
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One of the two findings was cleared. The one remaining finding is from a complaint. DDS has met with the program manager at the RC and discussed the requirements to clear this finding. DDS will continue to work closely with the local program to correct this finding and will verify the correction.

**Verification of Correction of FFY 2008 Findings (either timely or subsequent):**

**Indicator #1 Provision of Services in a Timely Manner**

<b>Indicator #1</b>	235 of the 1959 findings of noncompliance identified in FFY 2008 were in this indicator. 2 were identified through the complaint process. 1 was identified through a due process hearing. 232 were identified by CDE.	235 of the 235 findings were cleared.
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198 findings were cleared within the required timelines and 37 were cleared but outside the required timeline. Of the two findings identified through complaints:

- One complaint was cleared through the plan of correction. The local County Office of Education (COE) provided training to all COE service coordinators regarding the timely provision of services with a focus on finding and securing services for IFSP-mandated interventions.
- The other complaint was corrected through CDE requiring that the SELPA develop a list of qualified professionals able to provide speech and language services for deaf or hard-of-hearing children in their area.

The one finding identified through a due process hearing resulted in the RC purchasing the required service as ordered by the Administrative Law Judge. This item is cleared.

The 232 findings identified by CDE were cleared by CDE. CDE has:

- Verified that each LEA is correctly implementing the specific regulatory requirements for each noncompliant finding in this indicator through evidence of student-level correction. Student-level corrective actions are to be completed within 45 days of reporting the finding to the district (Prong 1).
- Ensured that a more stringent level of follow-up review and reporting is required of districts that have previously corrected noncompliance related to this indicator. The additional reporting ensures that LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures, and practices including dissemination and staff training; and by reviewing a new sample of student records for each district-level finding. District level corrective actions are given a timeline of 3 months. For all findings, correction must be completed as soon as possible but in no case later than one year (Prong 2).

### Indicator #2 Provision of Services in Natural Environments

<b>Indicator #2</b>	9 of the 1959 findings of noncompliance identified in FFY 2008 were in this indicator.	6 of the 9 findings identified on this indicator for FFY 2008 were cleared.
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Three of the six findings were cleared within the required timelines and three were cleared but outside of the timeline. Five of the six findings were cleared through verification reviews (two on-site reviews and one record review). For the findings that cleared, DDS verified:

- The RC's are correctly implementing the specific regulatory requirements based verification reviews in March and June 2010, and January 2011. The 71 records reviewed demonstrated compliance with this Indicator. The IFSPs confirm that infants and toddlers with IFSPs primarily receive early intervention services in the home or community-based settings or the IFSPs contain appropriate justifications for services outside the natural environment.

The remaining finding was from a due process hearing. The due process hearing resulted in the RC purchasing the required service as ordered by the Administrative Law Judge. This item is cleared.

### Indicator #7 Timely Evaluation and Assessment

<b>Indicator #7</b>	1697 of the 1959 findings of noncompliance identified in FFY 2008 were in this indicator. 5 were identified through DDS' on-site visits. 4 were identified through the complaint process. 2 were identified through due process hearings. 1686 were identified by CDE.	1694 of the 1697 findings identified for FFY 2008 were cleared.
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1457 of the 1697 findings were verified as corrected within required timelines. 237 of the 1457 were cleared but outside the timeline. DDS has:

- Confirmed for the three RCs that IFSP meetings were held, although late for any child whose IFSP meeting did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS program. This occurred during the original monitoring visit (Prong 1).
- Verified that the RCs are correctly implementing the specific regulatory requirements based on on-site verification reviews. These reviews occurred in April, June and July of 2010. These verification visits consisted of a review of 100 subsequent child records at the three programs. The records demonstrated compliance with this Indicator (Prong 2).

Two of the 1457 findings were due process hearings. Following are the results:

- One of the due process decisions resulted in the child being found eligible for Early Start. This item is cleared.
- The remaining due process decision resulted in the RC having to complete an assessment requested by the parent. The assessment was completed and confirmed the original decision by the RC. This item is cleared.

Three of the 1457 findings were identified through the complaint process. Following are the results:

- Complaint 1: Re-evaluations and assessments were completed as required. Services mandated by the mediation agreement were put in place.
- Complaint 2: The RC held training regarding procedures for obtaining consent prior to evaluations/assessments and compliance with 45 day timelines.
- Complaint 3: The RC conducted training for all Intake and Early Start staff regarding providing required assessments, inclusion of needed services on the IFSP, and the denial of required services

1450 of the 1457 findings were identified through CDE. CDE has cleared these items as follows:

- Verified each LEA is correctly implementing the specific regulatory requirements for each noncompliant finding in this indicator through evidence of student-level correction. Student-level corrective actions are to be completed within 45 days of reporting the finding to the district (Prong 1).
- Ensured that a more stringent level of follow-up review and reporting is required of districts that have previously corrected noncompliance related to this indicator. The increased reporting ensures that LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures, and practices including dissemination and staff training; and by reviewing a new sample of student records for each district-level finding. District level corrective actions are given a timeline of 3 months. For all findings, correction must be completed as soon as possible but in no case later than one year (Prong 2).

### Indicator #8a IFSPs with Transition Steps and Services

<b>Indicator #8a</b>	3 of the 1959 findings of noncompliance identified in FFY 2008 were in this indicator.	1 of the 3 findings identified for FFY 2008 was cleared.
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DDS completed on-site monitoring at the three RC's with outstanding findings from FFY 2008. As a result of those visits, DDS:

- Confirmed that the RC completed the required action or that the child is no longer within the jurisdiction of the EIS program. This is consistent with OSEP Memo 09-02. This occurred during the original monitoring visit (Prong 1);
- Verified that the RC is correctly implementing the specific regulatory requirements in 34 CFR §§303.148(b)(4) and 303.344(h). This onsite verification visit consisted of a review of 27 transition records in July 2010. The records demonstrated compliance with C-8a (Prong 2).

### Indicator #8b Notification to LEA if Child Potentially Eligible for Part B

<b>Indicator #8b</b>	4 of the 1959 findings of noncompliance identified in FFY 2008 were in this indicator. 3 were identified through on-site visits. 1 was identified through a complaint.	4 of the 4 findings were cleared.
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Three of the four findings were verified as corrected within the required timeline. One finding was verified as corrected but outside the required timeline.

DDS conducted on-site verification visits in April, June and July of 2009. DDS verified that, of the RCs found to be out of compliance on this item in FFY 2008, all three:

- Have completed the required notification, although late unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. (Prong 1).
- Were correctly implementing the specific regulatory requirements in 34 CFR §§303.148(b) (1) based on site monitoring reviews in April, June and July of 2010. A total of 31 transition records that demonstrated compliance with C-8b (Prong 2).

The complaint was corrected through the plan of correction, which verified the RC was correctly implementing the specific regulatory requirements in 34 CFR §§303.148(b) DDS confirmed the RC: revised the notification and referral process for children eligible for transition; provided joint training of RC and SELPA staff on transition timelines; reviewed revised transition procedures at a joint staff meeting; developed a flow chart to aid in meeting timelines; and revised the intake form to guide intake coordinators toward immediate referral to SELPA for children entering ES at age 30-36 months. The RC also provides staff with monthly case listings for children 30 months requiring transition and monthly electronic reminders to staff about upcoming transition eligible children.



### Indicator #8c Transition Conference if Child Potentially Eligible for Part B

<b>Indicator #8c</b>	1 of the 1959 findings of noncompliance identified in FFY 2008 was in this indicator.	1 of the 1 FFY 2008 findings was cleared.
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The one finding was cleared within the required timeline. At the on-site verification visit conducted in April 2010, DDS verified that the RC:

- Has completed the required action or that the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. (Prong 1)
- Is correctly implementing the specific regulatory requirements in 34 CFR §§303.148(b)(1) based on a review of 8 records that demonstrated compliance with C-8c (Prong 2).

### Other Areas of Noncompliance for FFY 2008:

#### Timely Written Notification to Families of IFSP Meeting

<b>Timely written notification to families of IFSP meeting.</b>	5 of the 1959 findings of noncompliance identified in FFY 2008 were in this indicator.	3 of the 5 FFY 2008 findings were cleared.
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Two of the three findings were corrected within the required timeline. One of the findings was verified as corrected but outside the required timeline. Through two on-site verification visits and further review of records, DDS verified:

- The RC provided written notice to the family for subsequent IFSPs. DDS verified that the parents were informed of the right to timely notice verbally or by email if the notice was late. Verification occurred during the monitoring visit (Prong 1).
- The RC is correctly implementing the specific regulatory requirements based on a verification review. Verification reviews in March 2010, June 2010 and January 2011 consisted of a review of 65 subsequent child records. The records demonstrated compliance with this indicator (Prong 2).

### **IFSPs List Services for the Child that Contain Method, Frequency, Intensity, and Duration**

<b>IFSPs list services for the child that contain method, frequency, intensity, and duration.</b>	2 of the 1959 findings of noncompliance identified in FFY 2008 were in this indicator.	1 of the 2 FFY 2008 findings was cleared.
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One of the two FFY 2008 findings was cleared but outside the required timelines. DDS verified that:

- Subsequent IFSPs contained all of the required components. Although, the IFSPs were missing required components, DDS verifies that the child was receiving appropriate services derived from evaluation and assessment. This occurred during the original monitoring visit (Prong 1).
- The RC is correctly implementing the specific regulatory requirements based on on-site verification review. The verification visit in October 2010 consisted of a review of 35 subsequent child records. The records demonstrated compliance with this indicator (Prong 2).

### **Evaluations Were Conducted in a Timely Manner**

<b>Evaluations were conducted in a timely manner.</b>	1 of the 1959 findings of noncompliance identified in FFY 2008 was in this indicator.	1 of the 1 FFY 2008 findings was cleared.
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One of the findings was cleared within the required timeline. DDS verified that the RC:

- Completed the evaluation although late for any child whose evaluation did not occur in a timely manner. Verification occurred during the monitoring visit (Prong 1).
- Is correctly implementing the specific regulatory requirements based on on-site verification review. The verification visit in June 2010 consisted of a review of 32 subsequent child records. The records demonstrated compliance with this indicator (Prong 2).

**Correction of Remaining FFY 2007 Findings of Noncompliance:**

1. Number of remaining FFY 2007 findings noted in OSEP's June 2010 FFY 2008 APR response table for this indicator	45
2. Number of remaining FFY 2007 findings the State has verified as corrected	27
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	

**Describe the specific actions that the State took to verify the correction in FFY 2009 of findings of noncompliance identified in FFY 2007:**

For the 293 FFY 2007 findings the State reported as corrected, the State verified that each EIS program with noncompliance: (1) is correctly implementing the specific regulatory requirements for each noncompliant finding in each indicator as verified through verification reviews of subsequent records; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program.

**Indicator #2 Provision of Services in Natural Environments**

<b>Indicator #2</b>	16 of the 45 findings of noncompliance identified in FFY 2007 were in this indicator. 12 of the 16 findings were identified by DDS. 4 of the 16 findings were identified by CDE.	14 of the 16 findings identified for FFY 2007 were cleared.
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Fourteen of the sixteen findings were cleared (10 DDS and 4 CDE). Two findings identified for FFY 2007 remain out of compliance. For those cleared, DDS verified:

- The RC's are correctly implementing the specific regulatory requirements based on verification reviews in January 2010, March 2010, May 2010, and January 2011. The 106 records collected through verification reviews demonstrated compliance with this Indicator. The IFSPs confirm that infants and toddlers with IFSPs primarily receive early intervention services in the home or community-based settings or IFSPs contain appropriate justifications for services outside the natural environment.

One of the RCs out of compliance on this indicator is located in an urban setting with early intervention programs that have been in existence since prior to Part C implementation in California. These programs were established as clinical programs based on the medical model with services provided at a clinic site. The RC has provided training and guidance about the importance of providing services in natural environments as part of the child's daily routine. The RC has made significant progress towards compliance. The RC sent a letter to all of the Early Start providers stating that services need to be provided in a natural environment unless an appropriate justification is contained in the IFSP. In July 2009, DDS and the RC provided training on natural environments for approximately 100 participants, including RC clinical staff and upper

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management, service coordinators, service providers and LEA staff. DDS conducted an on-site verification visit in June 2010. Although the RC was unable to clear this finding, DDS is confident in the ability of this program to meet the requirements at the next verification visit.

The remaining RC out of compliance on this indicator continues to experience a shortage of qualified professionals in the catchment area. A majority of specialists were employed by a local hospital. This RC has directed resources to develop programs that provide services in the natural environment. The RC continues to work with the community and has asked for the assistance of DDS. DDS will be working closely with the RC on this issue.

All four findings identified by CDE for FFY 2007 were cleared. CDE has:

- Verified each LEA is correctly implementing the specific regulatory requirements for each noncompliant finding in this indicator through evidence of student-level correction. Student-level corrective actions are to be completed within 45 days of reporting the finding to the district (Prong 1).
- Ensured that a more stringent level of follow-up review and reporting is required of districts that have previously corrected noncompliance related to this indicator. The increased reporting ensures that LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures, and practices, including staff training and dissemination of information; and by reviewing a new sample of student records for each district-level finding. District level corrective actions are given a timeline of 3 months. For all findings, correction must be completed as soon as possible but in no case later than one year (Prong 2).

### Indicator #7 Timely Evaluation and Assessment

<b>Indicator #7</b>	3 of the 45 findings of noncompliance identified in FFY 2007 were in this indicator.	1 of the 3 findings identified on this indicator for FFY 2007 was cleared.
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One of the three findings was verified as corrected. Two findings continue to be out of compliance. For the finding that cleared, DDS verified:

- The IFSP meeting was held for every child unless the child is no longer within the jurisdiction of the EIS program. This was confirmed during an on-site monitoring visit (Prong 1).
- The RC is correctly implementing the specific regulatory requirements based on on-site verification reviews. The verification review occurred in May of 2010. This on-site verification visit consisted of a review of 35 subsequent child records at the program. The records demonstrated compliance with this Indicator (Prong 2).

Two of the three remaining findings identified on this indicator for FFY 2007 continue to be out of compliance as follows:

- DDS conducted an on-site review for one of the programs in October of 2010. The RC has not yet been able to clear findings in this indicator. This RC has identified a systemic issue that will be resolved through a thorough review of and training on policies and procedures for referrals to the RC. DDS and CDE have developed a plan to address this issue and to ensure verification of correction. DDS will be in contact with this RC monthly until compliance is verified.
- The remaining finding identified in FFY 2007 remains out of compliance. A verification visit was scheduled in fall of 2009 but was postponed due to the delayed state budget. This review will occur as soon as possible.

### Indicator #8a IFSPs with Transition Steps and Services

<b>Indicator #8a</b>	1 of the 45 findings of noncompliance identified in FFY 2007 was in this indicator.	The SPP/APR Response table indicated California had two outstanding findings from FFY 2007 that were not verified as corrected within the required timeline.
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As reported in the FFY 2008 APR, one finding was cleared within the required timeline. In clearing that finding, DDS:

- Confirmed that transition steps and services were developed for every child, although late. This was verified through a review of the original child records during an on site monitoring visit. (Prong 1).
- Verified that the RC was correctly implementing the specific regulatory requirements based on a review of 27 subsequent child records in an on-site visit in October of 2008 (Prong 2).

The other RC that remains out of compliance was scheduled for an on-site verification visit in October of 2010. This visit was postponed due to the delayed state budget. This RC has been scheduled for a verification visit in March 2011. The RC has made significant progress towards compliance on this item. The plan of correction for this program identifies that the RC has conducted training for the RC staff to ensure this item is addressed on the transition IFSP. DDS will continue to work closely with this program to improve compliance on this indicator.

### Indicator #8b Notification to LEA if Child Potentially Eligible for Part B

<b>Indicator #8b</b>	3 of the 45 findings of noncompliance identified in FFY 2007 were in this indicator.	3 of the 3 remaining FFY 2007 findings remain out of compliance.
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All three of the RC's that were found to be out of compliance on this item in FFY 2007 had verification visits postponed due to the delayed state budget. One visit was conducted in October of 2010, but the RC was not able to demonstrate correction and the finding was not cleared. Two of the three RCs have been scheduled for verification visits. In the plans of correction, the RCs report having conducted training for RC staff to ensure this item is addressed when completing the required transition process. DDS will continue to monitor the progress towards compliance on this indicator.

**Other Areas of Noncompliance for FFY 2007:**

**IFSPs Contain Present Levels of Development in Five Domains**

<b>IFSPs contain present levels of development in five domains.</b>	1 of the 45 remaining FFY 2007 findings was in this indicator.	The 1 finding identified for FFY 2007 remains out of compliance.
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DDS conducted an on-site verification visit in May 2010. The RC was unable to clear the finding in this indicator. This RC has completed a root cause analysis and identified the issue with this indicator as a documentation issue with hearing and vision. The RC has changed the current policy and has trained staff on the new procedure to appropriately address present levels of hearing and vision on the IFSP. DDS continues to work closely with the RC to clear the outstanding finding and is confident in the ability of this RC to clear this finding. DDS will conduct a verification review in the spring of 2011.

**Timely Written Notification to Families of IFSP Meetings**

<b>Timely written notification to families of IFSP meeting.</b>	5 of the 45 FFY 2007 findings were in this indicator.	5 of the 5 remaining FFY 2007 findings continue to be out of compliance.
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DDS conducted on-site verification visits at the three RCs with findings in this indicator in July, August and October of 2010. The RCs continue to struggle with shortages in professionals qualified to conduct timely evaluations and assessments. These delays lead to RCs being unable to provide timely written notice. When notice is delayed, RCs schedule the IFSP meeting as soon possible, at the convenience of the family, to comply with the 45 day timeline. The parents are informed of the right to timely notice verbally or by email. The RCs have been scheduled for verification reviews in 2011.

### IFSPs Contain Outcome Procedures, Criteria, and Timelines

<b>IFSPs have outcomes that contain procedures, criteria, and timelines used to determine the degree to which progress toward achieving outcomes is being made.</b>	10 of the 45 FFY 2007 findings identified were in this indicator.	10 of the 10 remaining FFY 2007 findings were cleared.
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Ten of 10 FFY 2007 findings have been cleared. CDE:

- Verified each LEA is correctly implementing the specific regulatory requirements for each noncompliant finding in this indicator through evidence of student-level correction. Student-level corrective actions are to be completed within 45 days of reporting the finding to the district (Prong 1).
- Ensured that a more stringent level of follow-up review and reporting is required of districts that have previously corrected noncompliance related to this indicator. The additional reporting ensures that LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures, and practices including dissemination and staff training; and by reviewing a new sample of student records for each district-level finding. District level corrective actions are given a timeline of 3 months. For all findings, correction must be completed as soon as possible but in no case later than one year (Prong 2).

### IFSPs List Services for the Child that Contain Method, Frequency, Intensity and Duration

<b>IFSPs list services for the child that contain method, frequency, intensity, and duration.</b>	3 of the 45 findings of noncompliance identified in FFY 2007 were in this indicator.	1 of the 3 remaining FFY 2007 findings was cleared.
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One of the three FFY 2007 findings was cleared. Two of the three remain out of compliance. For the one that was cleared, DDS verified:

- Subsequent IFSPs contained all of the required components. Although, the IFSPs were missing required components, DDS verified that the child was receiving appropriate services derived from evaluation and assessment. This occurred during the original monitoring visit (Prong 1).
- The RC is correctly implementing the specific regulatory requirements based on on-site verification review. The verification visit in October 2010 consisted of a review of subsequent child records. The records demonstrated compliance with this indicator (Prong 2).

The two FFY 2007 findings that remain out of compliance are both the result of complaints filed against the same RC. DDS has met with the program manager at the RC and discussed the issues around clearing these findings. DDS will continue to work closely with the local program to correct these findings and verify the correction.



### Evaluations Were Conducted in a Timely Manner

<b>Evaluations were conducted in a timely manner.</b>	3 of the 45 findings of noncompliance identified in FFY 2007 were in this indicator.	1 of the 3 remaining FFY 2007 findings was cleared.
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One of the three remaining FFY 2007 findings was cleared. Two of the three findings continue to be out of compliance. For the one finding cleared, CDE:

- Verified each LEA is correctly implementing the specific regulatory requirements for each noncompliant finding in this indicator through evidence of student-level correction. Student-level corrective actions are to be completed within 45 days of reporting the finding to the district (Prong 1).
- Ensured that a more stringent level of follow-up review and reporting is required of districts that have previously corrected noncompliance related to this indicator. The additional reporting ensures that LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures, and practices including dissemination and staff training; and by reviewing a new sample of student records for each district-level finding. District level corrective actions are given a timeline of 3 months. For all findings, correction must be completed as soon as possible but in no case later than one year (Prong 2).

DDS conducted an on-site verification visit at one RC with a finding in this indicator in October 2010. The RC was unable to clear findings in this indicator. This RC has identified a systemic issue that will be resolved through the implementation of and training on revised policies and procedures governing referrals to the RC. DDS and the CDE have developed a plan to address this issue and to ensure verification of correction. DDS will be in contact with this RC monthly until compliance is verified.

The remaining finding identified in FFY 2007 remains out of compliance. A verification visit was scheduled in fall of 2009 but was postponed due to the delayed state budget. This review will occur in 2011.

**Correction of Any Remaining Findings of Noncompliance from FFY 2006:**

1. Number of remaining FFY 2006 findings noted in OSEP's June 2010 FFY 2007 APR response table for this indicator	7
2. Number of remaining FFY 2006 findings the State has verified as corrected	6
3. Number of remaining FFY 2006 findings the State has NOT verified as corrected [(1) minus (2)]	

**Describe the specific actions that the State took to verify the correction in FFY 2009 of findings of noncompliance identified in FFY 2006:**

DDS verified correction of the six of the seven remaining FFY 2006 findings as follows:

**Indicator #2 Provision of Services in Natural Environments**

<b>Indicator #2</b>	4 of the 7 remaining FFY 2006 findings were in this indicator.	4 of the 4 remaining FFY 2006 findings were cleared.
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DDS verified that the RC's are correctly implementing the specific regulatory requirements based on subsequent verification reviews of additional children's records. The records demonstrated compliance with this Indicator as collected through a verification review. The IFSPs confirm that infants and toddlers with IFSPs primarily receive early intervention services in the home or community based settings or contain appropriate justifications for services outside the natural environment.

**Other Areas of Noncompliance for FFY 2006:**

**Timely Written Notification to Families of IFSP meeting**

<b>Timely written notification to families of IFSP meeting.</b>	1 of the 7 remaining FFY 2006 findings was in this indicator.	1 of the 1 remaining FFY 2006 finding was cleared.
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DDS verified:

- The RC provided written notice to the family for subsequent IFSPs. DDS verified the parents were informed of the right to timely notice verbally or by email if the notice was late. Verification occurred during the monitoring visit (Prong 1).
- The RC is correctly implementing the specific regulatory requirements based on a verification review. The verification review in January 2011 consisted of a review of subsequent child records. The records demonstrated compliance with this Indicator (Prong 2).

### **IFSPs List Services for the Child that Contain Method, Frequency, Intensity and Duration**

<b>IFSPs list services for the child that contain method, frequency, intensity, and duration.</b>	1 of the 7 remaining FFY 2006 findings was in this indicator.	1 of the 1 remaining FFY 2006 finding was cleared.
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DDS verified:

- Subsequent IFSPs contained all of the required components. Although, the IFSPs were missing required components, DDS verified that the child was receiving appropriate services derived from evaluation and assessment. This occurred during the original monitoring visit (Prong 1).
- The RC is correctly implementing the specific regulatory requirements based on a verification review. The verification review in January 2011 consisted of a review of subsequent child records. The records demonstrated compliance with this Indicator (Prong 2).

### **IFSPs Contain Present Levels of Development in Five Domains**

<b>IFSPs contain present levels of development in five domains.</b>	1 of the 7 remaining FFY 2006 findings was in this indicator.	6 of the 7 remaining FFY 2006 findings were cleared.
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Six of the seven FFY 2006 findings were cleared. One remains out of compliance.

DDS conducted on-site verification visits in June 2008 and April 2010. The RC was unable to clear findings in this indicator. This RC has identified a systemic organization issue that needs resolution. DDS continues to work closely with the RC to clear outstanding findings.

This RC has a large catchment area of 10 counties which includes 9 offices. As part of the RCs plan of correction, the RC indicated that trainings would be conducted with the RC staff to address this item.

Due to the longstanding noncompliance, DDS has taken the follow steps:

- DDS continues to provide technical assistance to this RC to address this item.
- DDS has also recruited a senior member of the RC staff to be a member of the ESQAAC committee.
- DDS sent a letter from the DDS Deputy Director to the RC, informing the RC Executive Director of the longstanding noncompliance and the enforcement actions that could result from continued noncompliance. As a result of the letter, DDS met with the RC and discussed actions the RC will take to clear this finding. DDS will conduct monthly meetings with the RC to monitor the improvement activities and performance on the outstanding items.

**Revisions, with Justification, to Proposed Targets / Improvement Activities /  
Timelines / Resources for FFY 2010 (if applicable):**

California will participate in additional improvement activities as follows:

Following OSEP's visit in November 2010, WestEd, a consultant to DDS, contracted with Sharon Walsh, Co-Director of Walsh Taylor Incorporated, and Maureen Greer, Early Intervention Consultant to assist the state in revising data collection, reporting and monitoring systems. DDS will continue to receive technical assistance from these consultants in FFY 2010.

DDS also has increased collaboration with CDE to address issues around transition from Part C to Part B, and has established a transition project to improve all aspects of transition throughout the state based on technical assistance received through NECTAC and WRRRC.

## Part C State Annual Performance Report (APR) for 2009

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, beginning on page 1.

<b>Monitoring Priority: Effective General Supervision Part C / General Supervision</b>
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**Indicator 10:** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

<b>Measurement:</b> Percent = $[(1.1(b) + 1.1(c)) \text{ divided by } 1.1] \text{ times } 100$ .
--

FFY	Measurable and Rigorous Target
2009 (2009-2010)	100% of cases will be complete within 60 days.

### Actual Target Data for FFY 2009:

Complaints	2009-2010
(1) Signed, written complaints total	37
(1.1) Complaints with reports issued	14
(a) Reports with findings	8
(b) Reports within timeline	14
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	23
(1.3) Complaints pending	0
(a) Complaints pending due process hearing	0

The current data indicates that of the 37 state complaints filed during the reporting period, 100 percent were resolved within the 60-day timeline (14 plus 0 divided by 14, times 100 equals 100 percent). Four of the 37 were filed against Local Education Agencies (LEAs), which the California Department of Education (CDE) investigated within the required timelines according to complaint procedures specified in their Interagency Agreement. All state complaints continue to be completed within the required timeframe, 100 percent of the time.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2009 (2009-2010):** California received a total of 37 state complaints in FFY 2009. This was an increase of 20 complaints from the 17 filed in FFY 2008. The increase was due to program and eligibility changes in Early Start instituted legislatively to address California's budget crisis. In addition, offering mediation and complaint resolution at any time during a disagreement proved confusing to many families resulting in filings that were later withdrawn. This year only 3 of the state complaints dealt with transition requirements as opposed to last year when a majority of the state complaints addressed transition requirements. Other issues included timeliness of service and the 45-day timeline. These findings will be reported in next year's APR in Indicator 9, General Supervision, for timely correction and compliance.

The state complaint process in California involves procedures distinct from the system for resolving disagreements under due process. Any violation of statute or regulations (state complaints) including services and eligibility is investigated by the DDS' Office of Human Rights and Advocacy Services (OHRAS), whereas due process complaints are resolved by an independent contractor, the Office of Administrative Hearings (OAH). Informal local resolution is encouraged but not required. Many issues are resolved in this informal local manner due to the relationships regional centers (RCs) have built with the families they serve.

Following an OSEP technical assistance visit in September 2008, OSEP issued DDS a letter dated March 25, 2009, finding California out of compliance in its complaint and mediation procedures. DDS has addressed the concerns identified by OSEP. In accordance with federal statute and regulations, California has revised its procedures and notified the Early Start Community including RCs, Special Education Local Plan Areas, Family Resource Centers (FRCs) and advocacy groups. A state complaint can be filed for any violation of Part C including services and eligibility. Mediation, as an alternative method of resolution, is available at any time.

DDS will continue to meet the 100 percent target for investigating and completing state complaints in a timely manner by continuously monitoring the complaint process using the established tracking system which has been updated to add relevant fields and reporting formats. Any deviation will be noted and corrected. DDS will also continue to inform families of their right to file a complaint by distributing the booklet "*Parents' Rights: An Early Start Guide for Families*" to parents as required and by posting it on the DDS website in a downloadable format. That website is [www.dds.ca.gov/EarlyStart/ResourceMaterials.cfm](http://www.dds.ca.gov/EarlyStart/ResourceMaterials.cfm).

The Early Start web site at [www.dds.ca.gov/Complaints/Home.cfm#es](http://www.dds.ca.gov/Complaints/Home.cfm#es) also has information regarding procedures and rights related to filing a complaint. Based on an OSEP finding, all public information regarding the mediation, state complaint and due process procedures have been or are in the process of being revised in accordance with federal statute and regulations as specified in the improvement activity below.

**Improvement activities during FFY 2009 included the following:**

California fully complied with current federal statutes and regulations, as of June 2009. The following activities have, or are being taken, to improve performance on this area:

1. **State Regulation Revision:** California Code of Regulations, Title 17 (Public Health), Division 2 (Health and Human Services Agency - Department of Developmental Services) Chapter 2 (Early Intervention Services) has been revised to conform to the requirements of federal law as specified by OSEP (Attachment B). Regulation changes were submitted to the Office of Legal Services and were scheduled to go into effect in June 2010. However, based on subsequent information provided by OSEP, additional changes have been made. The state regulation development process is a very comprehensive and complex process, involving many control agencies and hearings to ensure maximum public input and adherence to the state's Administrative Procedures Act. The public hearing process was completed in FFY 2009. Final adoption of the regulations by the Office of Administrative Law is expected to occur in spring 2011. It is important to note that the regulations only codify changes that have already been implemented administratively.
2. **Training:** Training curriculum for the Early Start Institutes has been revised to reflect changes in the complaint procedures. The targeted audience for the Institutes includes service coordinators, service providers, family support personnel and RC and LEA managers and supervisors. RCs, LEAs, and FRCs ensure that program staff are fully informed and trained. DDS personnel including Early Start and OHRAS staff have been informed and involved in implementation of the new procedures.
3. **Publications and Citations:** Publications are posted on the DDS' website. Their revision status is as follows:
  - a. **Parents' Rights: An Early Start Guide for Families** – Revisions completed and posted on website. Awaiting translations and final printing.
  - b. **Service Coordinator's Handbook** – Revisions projected to be completed by June 2011.
  - c. **Starting Out Together: An Early Intervention Guide for Families** – Revisions completed. Awaiting translations and printing.
  - d. **Early Start Compliance Complaints Process (web page)** – Revisions completed.
  - e. **Early Start Mediation Conference and Due Process Hearing Request Process (web page)** -Revisions completed.
  - f. **Early Start Complaint Investigation Request Form (DS 1827)** – Revisions completed.
  - g. **Due Process Mediation and Hearing Request Forms (DS 1802 & 1808)** – Revisions completed.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009 (2009-2010):** As a new improvement activity in FFY 2010, California proposes to develop an automated tracking system to verify that findings from complaints and hearings have been resolved and appropriate action has occurred at the local level in a timely manner.

Targets proposed for FFY 2011 and FFY 2010 will remain at 100 percent and are reported in the SPP as well.



### Part C State Annual Performance Report (APR) for 2009

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, beginning on page 1.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 11:** Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:** Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
<b>2009 (2009-2010)</b>	100% of cases will be adjudicated within the 30-day timeline.

**Actual Target Data for FFY 2009 (2009-2010):**

Hearing Requests	2009-2010
(3) Hearing Requests total	245
(3.1) Resolution sessions	Not applicable
(a) Settlement agreements	Not applicable
(3.2) Hearings (fully adjudicated)	44
(a) Decisions within timeline	8
(b) Decisions within extended timeline	Not Applicable
(3.3) Hearings pending	6
(3.4) Due Process Complaints withdrawn or dismissed	195

Data from FFY 2009 indicates that 18 percent of due process complaints were adjudicated within the 30-day timeline (8 plus 0 divided by 44, times 100 equals 18 percent). This is in comparison to the data from FFY 2008 which indicated that 61.54 percent of complaints were adjudicated within the 30-day timeline (8 plus 0 divided by 13, times 100 equals 61.54 percent).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2009 (2009-2010):** A comparison of data between

## APR Template – Part C California

the two fiscal years reveals that California's performance experienced slippage on this indicator. California recognized that restructuring the state complaint process was necessary to fully comply with current federal statutes and regulations. Considerable effort and resources have been expended to achieve compliance. Despite the size and complexity of the program in the state, procedural compliance was achieved in June of 2009.

A root-cause analysis was performed on the 36 case decisions that were issued outside the 30-day timeline. It was determined that 20 of these hearings were completed within the timeline, but the ALJ did not sign the decision until after the timeline had passed (32 to 52 days). Of the remaining 16 cases, 2 cases included a continuance order by the ALJ (despite training for ALJs, which emphasized that, under no circumstances is a continuance beyond the timeline allowed under Part C). The remaining 14 cases had orders that were signed from 35 to 216 days. There is no OAH documentation in those files to explain why these 14 cases went beyond the 30-day timeline.

The number of Hearing Requests increased dramatically (326%) from 75 in FFY 2008 to 245 in FFY 2009 and the number of fully adjudicated cases increased from 13 to 44 during the same period. The significant rise in Hearing Requests can be attributed to the following factors:

1. Statutory changes to eligibility, required use of private insurance, and cessation of purchase of non-required services implemented in SFY 2009-10. These legislative changes resulted in the most hearing requests (150 of the 245, or 61.22 percent).
2. In FFY 2009, DDS restructured the complaint process to fully comply with current federal regulations and statutes, enabling parents to request a hearing, mediation or file a complaint at any time. In response to an OSEP directive, DDS revised its due process procedures to (1) resolve as a State complaint any complaint that alleges any violation of a Part C requirement (including complaints regarding Part C eligibility or services) under 34 CFR Section 303.510; and (2) ensure that mediation is made available to parties at any time to resolve disputes involving any matter related to IDEA Part C, consistent with IDEA Section 639(a)(8) (which references the requirements in IDEA Section 615 (e)(1)).
3. Another factor in the slippage on this indicator was the challenge faced by the Office of Administrative Hearings (OAH) to respond to the sudden increase in the number of Hearing Requests.

### **Improvement activities during FFY 2009 included the following:**

Technical Assistance: DDS took advantage of technical assistance from documents provided on the SPP/APR Calendar website, e.g., *Investigative Questions*; the *CADRE Dispute Resolution Integration and Performance Enhancement Workbook*; *At a Glance OSEP Technical Assistance*.

Collaboration with OAH: DDS continued to work with OAH to make necessary improvements in the timeliness of the hearing process. Specific improvement activities completed in FFY 2009 included:

- Increased the amount of funding in its Interagency Agreement with OAH by \$75,000 to assist OAH in handling the increase in Early Start cases. OAH redistributed workloads in order to try to deal with the monumental increase.
- Added emphasis language to the Interagency Agreement specifying that Part C hearings must be completed, and written decisions signed, within 30 days.
- Implemented an electronic system specifically dedicated to communicating with OAH on Early Start cases.

Training: Curriculum for the Early Start Institutes was revised for FFY 2009 to reflect changes in procedural safeguards. The targeted audience for the Institutes included RC service coordinators, service providers, family support personnel and RC and LEA managers and supervisors. RCs, LEAs and family resource centers ensured that program staff were fully informed and trained. DDS personnel, including Early Start and OHRAS staff, have been informed and involved in implementation of the new procedures.

Publications and Citations: DDS reviewed all public information that contains information regarding mediation, complaint and due process procedures. DDS has revised these publications, where necessary, to ensure compliance with federal statute and regulations. DDS has completed revisions on the following publications and all have been available on the DDS website since July 1, 2009:

- Early Start Compliance Complaints Process
- Early Start Mediation, Conference and Due Process Hearing Requests
- Early Start Complaint Investigation Request Form (DS 1827)
- Due Process Mediation and Hearing Request Form (DS 1802); and,
- A separate Mediation Request Form (DS 1808).

State Regulation Revision: California Code of Regulations, Title 17 (Public Health), Division 2 (Health and Human Services Agency - Department of Developmental Services) Chapter 2 (Early Intervention Services) has been revised to conform to the requirements of federal law as specified by OSEP. Regulation changes were submitted to the Office of Legal Services and were scheduled to go into effect in June 2010. However, based on subsequent information provided by OSEP, additional changes have been made. The state regulation development process is very comprehensive and complex, involving many control agencies and hearings to ensure maximum public input and adherence to the state's Administrative Procedures Act. The public hearing process was completed in FFY 2009. Final adoption of the regulations by the Office of Administrative Law is expected to occur in spring 2011. It is important to note that the regulations only codify changes that have already been implemented administratively.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009 (2009-2010):** As a new improvement activity DDS and OAH are testing software that will allow DDS to have real-time access to all of OAH's Early Start cases, thus allowing DDS more direct monitoring.

California's targets will remain at 100 percent for FFY 2011 and FFY 2012. These targets are presented in the SPP as well.

**Part C State Annual Performance Report (APR) for 2009**

**Overview of the Annual Performance Report Development:** N/A

<b>Monitoring Priority: Effective General Supervision Part C / General Supervision</b>
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**Indicator 12:** Percent of hearing requests that went to resolution that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted.)

(20 U.S.C. 1416(a) (3) (B) and 1442)

**[California does not use the Part B due process procedures for the Part C program; therefore, this indicator does not apply.]**

## Part C State Annual Performance Report (APR) for 2009

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, beginning on page 1.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 13:** Percent of mediations held that resulted in mediation agreements.  
(20 U.S.C. 1416(a) (3) (B) and 1442)

**Measurement:**

Percent equals (2.1)(a) (i) plus (2.1)(b) (i)) divided by (2.1) times 100.

*(Percent equals (number of mediations not related to due process plus number of mediation agreements) Divided by total number of mediations times 100)*

FFY	Measurable and Rigorous Target
<b>2009 (2009-2010)</b>	55% of mediations will result in agreements.

**Actual Target Data for FFY 2008 (2009-2010):**

Mediation Requests	2009-2010
(2) Mediation requests total	231
(2.1) Mediations	31
(a) Mediations related to due process	23
(i) Mediation agreements	23
(b) Mediation not related to due process	8
(i) Mediation agreements	8
(2.2) Mediations pending	1
(2.3) Mediations not held	199

Data from FFY 2009 indicates that 100 percent of mediations held (23 plus 8 divided by 31, times 100 equals 100 percent) resulted in mediation agreements. The number of mediations not held reflects the fact that many issues are resolved locally and amicably through an informal process. That is, cases are withdrawn or dismissed without having to go through the full formal mediation process. In FFY 2009, 199 requested mediations

(2.3 Mediations not held) were resolved and withdrawn prior to formal mediation. This is a direct result of the regional centers' approach in working closely with families and resolving issues often at the local level, in a more personal and immediate manner. California takes great pride in the relationships that are established between the RC staff and the parents, enabling quick, informal resolution to concerns and disputes.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2009 (2009-2010):** A comparison of data between the two recent fiscal years reveals California's performance on this Indicator remains at 100 percent.

FFY 2009 data reflected a significant rise in mediation requests (from 65 in FFY 2008 to 231 in FFY 2009). In prior fiscal years DDS offered mediation and due process hearing requests on the same request form. In FFY 2009, DDS restructured the complaint process to fully comply with current federal regulations and statutes, enabling parents to request a hearing, mediation or file a complaint at any time. This new process, combined with the state's stricter guidelines for eligibility, requirement to access private insurance for medical services, and prohibition against "non-required" services were major contributors to the marked increase in the number of hearing and mediation cases filed in FFY 2009.

Analysis of FFY 2009 mediation requests determined that approximately 85 percent were resolved outside of the formal mediation process. (E.g., RC agreed to the parental requests, parents withdrew the mediation requests, or resolution was reached through informal meetings with the RC). Only 15 percent of the cases were resolved through formal mediation resulting in a written settlement. Again, this is very representative of the close relationship established between the RC staff and their families, with the vast majority of cases being resolved prior to formal mediation.

California recognized that restructuring the state complaint process was necessary to fully comply with current federal statutes and regulations. Considerable effort and resources have been expended to achieve compliance. Despite the size and complexity of the program in the state, full compliance was achieved June of 2009.

**Improvement activities during FFY 2009 included the following:**

1. **Procedural Changes:** DDS revised its mediation and complaint procedures in accordance with federal statute and regulations, and notified the Early Start Community, including RCs, special education local plan areas, family resource centers, and advocacy groups. A state complaint can now be filed for any violation of Part C, including services and eligibility. Mediation, as an alternative method of resolution, is available at any time. Information for consumers is posted on the DDS website at [www.dds.ca.gov/Complaints/Home.cfm](http://www.dds.ca.gov/Complaints/Home.cfm)

DDS counts separately those mediation requests that are related to due process and those that are mediation requests only. All are reported under Indicator 13.

2. Training: Curriculum for the Early Start Institutes was revised for FFY 2009 to reflect changes in procedural safeguards. The targeted audience for the Institutes included RC service coordinators, service providers, family support personnel and RC and LEA managers and supervisors. RCs, LEAs and Family Resource Centers ensured that program staff were fully informed and trained. DDS personnel, including Early Start and OHRAS staff, have been informed and involved in implementation of the new procedures.
3. Publications and Citations: DDS has reviewed all public information that contains information regarding mediation, complaint and due process procedures. DDS has revised these publications, where indicated, to ensure compliance with federal statute and regulations. DDS has completed revisions on the following publications and all have been available on the DDS website since July 1, 2009:
  - a. Early Start Compliance Complaints Process
  - b. Early Start Mediation, Conference and Due Process Hearing Requests
  - c. Early Start Complaint Investigation Request Form (DS 1827)
  - d. Due Process Mediation and Hearing Request Form (DS 1802); and,
  - e. A separate Mediation Request Form (DS 1808).
4. State Regulation Revision: California Code of Regulations, Title 17 (Public Health), Division 2 (Health and Human Services Agency - Department of Developmental Services) Chapter 2 (Early Intervention Services) has been revised to conform to the requirements of federal law as specified by OSEP. Regulation changes were submitted to the Office of Legal Services and were scheduled to go into effect in June 2010. However, based on subsequent information provided by OSEP, additional changes have been made. The state regulation development process is a very comprehensive and complex process, involving many control agencies and hearings to ensure maximum public input and adherence to the state's Administrative Procedures Act. The public hearing process was completed in FFY 2009. Final adoption of the regulations by the Office of Administrative Law is expected to occur in spring 2011. It is important to note that the regulations only codify changes that have already been implemented administratively.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009 (2009-2010):** California is proposing a new improvement activity. DDS, in collaboration with OAH, will revise the Notice of Resolution form to ensure consistent and comprehensive data is collected. Revisions are expected to be completed in FFY 2010. Training on the revised form is expected to occur in FFY 2011. Proposed targets for this indicator are 55.01 for FFY 2011 and 55.02 for FFY 2012. These targets are presented in the SPP as well.



## Part C State Annual Performance Report (APR) for 2009

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, beginning on page 1.

### Monitoring Priority: Effective General Supervision Part C / General Supervision

**Indicator 14:** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:** State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the “Indicator 14 Data Rubric” for reporting data for this indicator.

FFY	Measurable and Rigorous Target
2009 (2009-2010)	Tables and APR will be accurate and submitted on time

**Actual Target Data for 2009:** Using the “C-14 Data Rubric” as required, the percent of timely and accurate data calculated for California is 100 percent. This level of performance meets the measurable and rigorous target and is consistent with last year’s performance of 100 percent. The completed data rubric follows the discussion section for Indicator 14.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2009:** As described in the FFY 2008 APR, California expends considerable effort and resources to ensure its Early Start data are valid and reliable. Early Start data are often culled from larger data systems, the size and complexity of which make “simple” data-system changes very time-consuming and costly. Most changes require revising technical and program-user manuals, modifying software at 21 local RC programs and DDS, pilot testing, and training for all staff members who collect and report Part C data. Therefore, considerable lead-time is required to ensure data continue to be valid and reliable whenever revised or new data definitions, categories for data collection, or data elements are introduced. Not unlike the federal government, the state has external oversight entities that must review and

approve all modifications to data systems, depending on their scope. These rigorous and comprehensive review processes are designed to help ensure successful outcomes for system changes and for new systems that may be developed; however, these processes restrict the state's ability to make changes quickly.

DDS Early Start data systems use comprehensive data dictionaries, business rules, built-in edit checks/validations, and data definitions to help ensure overall data integrity and to support the delivery of quality services at the local level. The technical infrastructure of existing Early Start data systems conform to the general principles for quality data, as follows:

1. *Automation* with automated system back-ups;
2. *Interoperability* between DDS, RCs and RC vendors with seamless data mining within appropriate levels of access consonant with confidentiality requirements;
3. *Connectivity* with all RCs networked to DDS for collection, reporting, and consumer record transfers;
4. *Capacity* at RCs is preserved by transitioning the SANDIS to UFS pass-through from the local level to the state level. This permits SANDIS to have additional components, such as electronic referrals to generic agencies and other resource efficiencies to improve service delivery, accommodate the increased volume of records with caseload growth, and increased capacity for backup-data storage. Capacity preservation is also ensured via archival methods at both the state and local levels;
5. *Utility* is ensured by DDS structuring all data systems around the needs of the users (RCs). All processes and related changes are designed to ensure minimal impacts and create the least possible burden to users. Review and approval processes for proposed revisions ensure that changes without benefit to the users, and which may impair users' ability to deliver services, are not instituted; and
6. *Reliability* conforms to strict, comprehensive, state policy and regulations that govern state information technologies requiring comprehensive system testing and performance monitoring, along with contingency plans that ensure continuity in case of disruptions (e.g., earthquakes).

Redesign of the state's Early Start Report (data form) was achieved in FFY 2009 and final edits will be completed in FFY 2010. The redesigned Report will improve the state's capacity to collect, report, and use universal data; allow DDS to generate various data reports that will identify areas of potential technical assistance and/or specific program and child outcomes; client diagnoses and achieved progress; and, play a key role in supporting DDS' move toward focused monitoring. California is working to overcome various barriers that have delayed implementation of the Report, which are attributable to the state budget crisis, personnel attrition, and complications associated with adding measurable Prevention Program components. Implementation of the redesigned data Early Start Report remains a top priority and DDS projects implementation by spring of 2011.

**Part C Indicator 14 Data Rubric**

<b>Indicator 14 - SPP/APR Data</b>			
<b>APR Indicator</b>	<b>Valid and reliable</b>	<b>Correct calculation</b>	<b>Total</b>
<b>1</b>	1	1	2
<b>2</b>	1	1	2
<b>3</b>	1	1	2
<b>4</b>	1	1	2
<b>5</b>	1	1	2
<b>6</b>	1	1	2
<b>7</b>	1	1	2
<b>8A</b>	1	1	2
<b>8B</b>	1	1	2
<b>8C</b>	1	1	2
<b>9</b>	1	1	2
<b>10</b>	1	1	2
<b>11</b>	1	1	2
<b>12<sup>5</sup></b>	1	1	2
<b>13</b>	1	1	2
		<b>Subtotal</b>	30
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> (5 pts for submission of APR/SPP by February 1, 2010)		5
	<b>Grand Total</b>		35

<sup>5</sup> California does not report on Indicator 12 since the Part C program has not adopted the Part B due-process procedures.

APR Template – Part C  
California

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/1/10	1	1	1	1	4
Table 2 – Settings Due Date: 2/1/10	1	1	1	1	4
Table 3 – Exiting Due Date: 11/1/09	1	1	1	NA	3
Table 4 – Dispute Resolution Due Date: 11/1/09	1	1	1	N/A	3
				Subtotal	14
			Weighted Total (subtotal X 2.5)		35
Indicator # 14 Calculation					
			A. APR Total	35	
			B. 618 Total	35	
			C. Grand Total	70	
Percent of timely and accurate data = (C divided by 70 times 100)			(C) / (70) X 100 =		100%

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2009:** California does not propose any revisions or improvement activities to this indicator. Targets for this indicator will remain at 100 percent for FFY 2011 and FFY 2012. These targets are presented in the SPP as well.

# ATTACHMENT A

The following chart shows which of California's Comprehensive System of Personnel Development (CSPD) trainings and other state activities address the requirements for the listed SPP/APR indicators, and/or constitute improvement activities that promote progress for the specified indicator. The pages following the chart describe the major components of the CSPD.

APR Template – Part C  
California

TRAINING COMPONENT	INDICATOR <sup>6</sup>											
	1	2	3	4	5	6	7	8	10	11	13	
Early Start Institute Series*												
Early Start Essentials (North & South)	X	X	X	X	X	X	X	X				
Early Start Skillbuilder I: Facilitating Relationships, Communication, & Behavior			X	X			X					
Early Start Skillbuilder II: Facilitating Health & Movement	X	X	X				X					
Early Start Skillbuilder III: Facilitating Cognition & Early Learning			X	X			X	X				
Family Resources and Supports Institute	X	X	X	X	X	X	X	X				
Advanced Practice Institute	X	X	X	X			X	X				
Regional Center Managers' Symposium	X	X	X				X	X				
Service Coordinator's Handbook Training Tool	X	X	X		X	X	X	X	X	X	X	
Early Start Personnel Model												
Development, analysis, and coordination of a Multiple Pathways service delivery model across 21 disciplines.	X	X	X	X			X	X				
Statewide System of Focused Monitoring												
Coordinate and facilitate the development and implementation of a statewide system of focused monitoring.	X	X	X	X	X	X	X	X	X	X	X	
Early Start Personnel Development Fund												
Provides support for the professional development of personnel who provide early intervention services to infants and toddlers eligible for Early Start services.	X	X	X	X	X	X	X	X	X	X	X	

<sup>6</sup> Inclusion of indicators 9, 12, and 14 is not applicable for purposes of this chart.

Community College Personnel Preparation Project											
Supports the development of competencies for early intervention assistants and paraprofessionals who work with young children with disabilities and other special needs and their families in a variety of settings.	X	X	X	X	X	X	X	X			
Public Awareness and Outreach											
Includes resource development and production of multilingual and diverse materials; product management; data collection and tracking; dissemination of materials; website development and maintenance; cross-project collaboration and support; and information, linkage and referral.				X	X	X	X	X	X	X	X
Interagency Support*											
Interagency activities sponsored or supported by DDS.	X	X	X		X	X	X	X			

\* *Monitoring Priority:* Early Intervention Service in Natural Environment

## **Introduction**

In California, the Early Start Comprehensive System of Personnel Development (CSPD) provides the framework for coordinating the delivery of personnel development and technical assistance activities throughout the state. Pre-service preparation, in-service training, and technical assistance are essential CSPD components delivered at the state and local levels through a variety of activities defined by DDS.

## **Training and Technical Assistance Activities**

### ***Early Start Institute Series Overview***

In California, early intervention services are provided by early interventionists and specialists, as well as paraprofessionals and assistants from a variety of disciplines operating through multiple agencies. Early intervention services may be provided by a local education agency, a vendored program, or an individual who contracts with a regional center, another agency, or a combination of these. California assures that personnel who provide Early Start services are appropriately prepared and trained according to standards based on the highest entry-level requirements of the state and in accordance with state and federal laws [20 USC 1435 §635(a)(8) and Title 14 CCR §95022(d)]. Early intervention personnel may be certificated, registered, licensed, or credentialed by the state or their professional organizations pursuant to applicable state regulations.

DDS sponsors many training opportunities as part of its Early Start Institute series, which address the needs of new and seasoned service providers and a variety of other early intervention-related disciplines. Early Start Institutes attendance data indicate that in 2009–10, training reached the intended audience of professionals from early intervention partner agencies:

- 54 percent of the participants represented regional centers and regional center vendors
- 15 percent of the participants represented local education agencies

Furthermore, Institute attendance by agency representation also indicated that specifically targeted Institutes reached their intended audiences:

- 74 percent of the Early Start Essentials Institute participants represent regional centers, regional center vendors, and local education agencies
- 51 percent of the Skillbuilder Institute participants represent regional centers, regional center vendors, and local education agencies
- 80 percent of the Advanced Practice Institute participants represent regional centers, regional center vendors, and local education agencies
- 84 percent of the Family Resources and Supports Institute represent family support personnel

During 2009-10, 724 early intervention and related service providers were trained in Institutes throughout California.



## APR Template – Part C California

*Early Start Essentials:* Provides foundation information geared to early interventionists and service coordinators new to the California Early Start system.

*Early Start Skillbuilder I: Facilitating Relationships, Communication, and Behavior:* Concentrates on the pivotal role of relationships and communication both within the family system and between the family and professionals.

*Early Start Skillbuilder II: Facilitating Health and Movement:* Focuses on neuromotor and significant health care needs of young children with disabilities and their families.

*Early Start Skillbuilder III: Facilitating Cognition and Early Learning:* Introduces strategies to support early learning and promote positive transition from the Early Start system.

*Early Start Advanced Practice Institute:* Delivers timely information about topics of critical interest to experienced Early Start managers, supervisors, service coordinators, family support personnel, and service providers.

*Family Resources and Supports Institute:* Provides training to personnel working in the area of family support.

*Regional Center Managers' Symposium:* Addresses leadership strategies for regional center managers to maintain competence and confidence.

*Training of Trainers:* Builds team cohesiveness within individual Early Start Institutes for both training teams and staff and generates awareness of content, activities, and connectedness within and across Institutes. This year's topic, "Creative Training Techniques," offered multiple strategies for engaging and energizing Institute participants. Members of both the state Training and Technical Assistance Collaborative (TTAC) and the Association of Regional Center Agencies (ARCA) also participated in the Training of Trainers.

### **California Early Start Personnel Development Fund**

The Early Start Personnel Development Fund provides support for the professional development of personnel who provide early intervention services to infants and toddlers eligible for Early Start services. The 2009–10 program year represents the thirteenth year of this project. Funds are awarded to local early intervention service providers, agencies, or programs to provide supplemental funding for costs associated with attending or conducting early intervention-related trainings. Funds are awarded through an application approval process and must meet the specified criteria under the four categories that allow for the diversity of training needs that exist in California's Early Start community:

- Attendance Scholarships
- College Course Work
- Initial Funding to Establish or Revise Early Start Procedures and Processes
- Funding to Implement Local Training Events

## APR Template – Part C California

During 2009-10, applicants from 197 programs and agencies applied for and received Early Start Personnel Development funds under the various award categories. A total of 1,561 qualifying early intervention staff from local programs and agencies were provided supplemental funds to attend statewide and local training events (59 percent of all Early Start Institutes series participants), as well as to complete related course work through California-accredited universities and colleges. The total fund of \$235,107 was distributed by the end of June 2010.

Additional data indicate that

- A total of 310 applicants received attendance scholarships.
- Nine direct service providers received course work scholarships to attend various California accredited universities and community colleges.
- A total of 43 direct services providers were trained through training grants received by their agencies/programs on personnel development procedures or innovative processes or systems that would enhance the quality of Early Start services they provide. A total of \$10,000 was awarded to early intervention programs/agencies for these activities.
- A total of 944 Early Start direct service providers attended local specialized training events that focused on the specific needs of their communities due to training grant fund awards. A total of \$56,040 was awarded to provide support for these local trainings.
- Seventeen of the 21 regional centers accessed scholarships funds.
- Analysis by discipline showed support personnel (social workers; psychologists; specialized consultants; physical, occupational, and speech therapists; and medical providers) were the largest group of professionals to access funds (49 percent), followed by administrative/management staff (19 percent) and then early intervention direct service providers (16 percent) and paraprofessional/transition preschool teachers (16 percent).
- The majority (82 percent) of personnel who accessed scholarships funds were those with either a bachelor of arts/science degree (30 percent) or a master of arts/science degree (52 percent).

In a significant improvement to the program, the scholarship application packet was made available online. This cost-efficient move was well received by applicants. For further cost savings and staff efficiency, scholarship team staff is also beginning to integrate the scholarship application with the Early Start Institutes registration that is already online.

### ***California Community College Personnel Preparation Project***

California's two-year public institution system is composed of 112 colleges organized into 72 districts and represents the largest system of higher education in the nation (campuses serve more than 2.9 million students per year). The Community College Personnel Preparation Project (CCPPP) is an activity under the Early Start CSPD designed to support the development of competencies for early intervention assistants and paraprofessionals who work with young children with disabilities and other special

needs and their families in a variety of settings. Since 2000, CCPPP has been building capacity through the community college system to support personnel development and provide training for this particular group of professionals. Prior to the CCPPP collaborative effort, no formal statewide training was available for paraprofessionals or early intervention assistants working in the field of early intervention.

Currently, nearly half of the state's 112 community colleges participate in CCPPP (the pilot project in 1998 began with seven). Forty-three community colleges are involved as network colleges and have either the final implementation phase to complete or have completed the project and remain connected to receive current updates and maintain their program's consistency with Early Start CCPPP research and practices. Another 10 campuses are in the initial implementation phase; another campus has submitted its application, and yet another is awaiting approval from the Community College Chancellor's Office of their Early Intervention Assistant Certificate Programs.

CCPPP continues to contribute to capacity building and sustainability in the preparation and support of early intervention assistants through the community college system. The Faculty Mentor model continues to bring about a network of mentor colleges as the faculty mentors work with college faculty throughout the state.

All of the colleges include early intervention agencies in their Child Development Advisory Committees and work directly with community agencies. Additionally, colleges are building upon existing partnerships as they participate in CCPPP.

Mentor support to CCPPP sites continues to be identified as a valuable resource by community colleges as they engage in the mentor process. Each regional mentor was assigned to specific colleges to provide individualized assistance to coordinating faculty. Support included site visits, assistance with planning, in-service training, and other specialized services that the college identified as necessary to meet the goals and outcomes of the project.

Training for faculty and lab staff was offered at college sites. Topics include orientation to the project, introduction to early intervention services in California, curriculum adaptation, inclusive practice, challenging behaviors, assessment, and college classroom resources.

## **Public Awareness and Outreach**

### ***Early Start Resources***

Early Start Resources is responsible for public awareness and outreach activities, including resource development and production of multilingual and diverse population-specific materials; product management; data collection and tracking; dissemination of materials; website development and maintenance; and cross-project collaboration and support. Early Start Resources provides information, linkage, and referral.

Staff oversees the dissemination and inventory of 46 products to a variety of early intervention and early intervention-related affiliate agencies and organizations, including

child development organizations, colleges and universities, county offices of education, early care and education agencies, and related stakeholder organizations. Early Start materials were also disseminated at meetings, conferences, trainings, and workshops at which staff served as support, presenters, or participants. Regional centers, local education agencies, and family resource centers were those who most frequently requested materials for local dissemination. In addition, approximately 20 training and outreach products were completed during the program year.

In addition to publications, Early Start websites supported public awareness and outreach activities. For example, staff has supported research and implementation of a variety of web-based learning and support tools, as well as online registration systems and an automated response system. The Early Start neighborhood online social networking site supported the dissemination of training materials as well as networking prior to and following training events.

### **Interagency Collaboration**

#### ***Coordination and Support Activities***

Collaboration contributes significantly to comprehensive, coordinated services. No single agency is able to provide all services to all young children and their families. Cooperation and shared responsibility are vital components for a service-delivery system to be responsive to the varied needs of California's ethnically diverse children and families. Just as agencies establish partnerships at the local level, state departments assume a partnership role to enhance their mutual ability to serve California's infants and toddlers with disabilities and their families.

Following are interagency activities sponsored or supported by DDS:

- *State Interagency Coordinating Council (ICC) on Early Intervention:* Assists and advises DDS concerning the statewide system of early intervention services and assists DDS in achieving the full participation, cooperation, and coordination of appropriate public agencies that serve young children and their families. The ICC serves as a forum for public input from parents, service providers, service coordinators, and others about federal, state, or local policies that support the timely delivery of appropriate early intervention services. ICC members are appointed by the Governor; the council itself is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention.
- *Training and Technical Assistance Collaborative (TTAC):* Serves as a forum for discussion of professional and program development issues important to the early intervention and early childhood field. TTAC is the only statewide forum that convenes training and technical assistance coordinators and providers, as well as representatives from the funding agencies that support them, to discuss issues and explore coordination and collaboration opportunities.
- *California Department of Education Personnel Qualifications Workgroup:* Represented DDS for Part C Early Start CSPD, Part C lead agency, and Part B with the CDE as lead agency.
- *National Association of State Directors of Special Education (NASDSE) National Center to Improve the Recruitment and Retention of Qualified Personnel for Children with Disabilities:* As a member of its Panel of Experts, DDS-supported staff provide expertise on retention issues in the field of early intervention. The personnel center focuses on systemic issues related to the recruitment and retention of qualified personnel via information about how states, preparation programs, and local schools and communities address current issues and access current research results and policy briefs.
- *Advisory Committee for California Deaf-Blind Services (CDBS) Representation:* CDBS focuses on building local and state capacity to serve children from birth to age 22 who are deaf-blind and to support their families. Collaborative efforts include CDBS staff presenting on topics related to deafness/blindness at California Early Start events and CDBS contributing materials and resources that are provided to the field in the specialized area of deafness/blindness.
- *Child Abuse Prevention and Treatment Act (CAPTA):* DDS and WestEd staff worked with the California Department of Social Services (CDSS) and the University of California, Davis' Center on Family Focused Practice to continue support of local collaborations formed to address the joint referral requirements in CAPTA and IDEA through a series of webinars.
- *OSEP Annual Conference:* Represented DDS at the annual OSEP National Early Childhood Conference in Washington, D.C.

APR Template – Part C  
California

- *Monitoring Activities:* Engaged in collegial discussions related to the monitoring of major activities by First 5, CDE/Child Development Division, and other state departments to identify opportunities to collaborate, coordinate, and provide resources.
- *NECTAC/Early Childhood Outcomes Center-Sponsored Conference Calls:* Participated in calls related to the State Performance Plan (SPP) and Annual Performance Report child outcome indicators. NECTAC representatives discussed suggested formats for providing progress data and discussed examples of revised SPPs. The work has implications for data collection efforts, preparation of the focused monitoring manual and process, ICC committee support, and Early Start training priorities such as the Advanced Practice Institute and the Regional Center Managers' Symposium.
- *National Early Childhood Technical Assistance Center (NECTAC) and Western Regional Resource Center (WRRRC):* Continued work with NECTAC and WRRC in the review of both the *Handbook on Transition* from the CDE Special Education Division and the "transition" section from the *Early Start Service Coordinator's Handbook*.
- *Early Childhood Mental Health Steering Committee:* The interdisciplinary workgroup has representatives from mental health, university professors, professional organizations, and practitioners. The workgroup updated the training guidelines and personnel competencies originally developed by California's Infant, Preschool & Family Mental Health Initiative to include evidence-based practices and their application to the early childhood field as well as a framework for programs and individuals interested in obtaining specialized training in infant-family and early childhood mental health.
- *State Partnerships:* The Early Start Institute Series included representation from CDE, Supporting Early Education Delivery Systems (SEEDS), Family Voices of California, Family Resource Centers Network of California (FRCNCA), University Centers for Excellence in Developmental Disabilities (UCEDD), Early Head Start (EHS) Volunteers of America, the Epilepsy Foundation, Strategies, the Arc of California, California Association of Family Empowerment Centers (CAFEC), Alta California Regional Center, Far Northern Regional Center, Shasta County Office of Education, and the Southwest SELPA.
- *Zero-to-Three:* Represented DDS at the annual National Training Institute (NTI), sponsored by Zero to Three. The NTI is a multidisciplinary conference for infant/family professionals working in the areas of child care, mental health, early intervention, family support, social service, child welfare, and health care.
- *Water Cooler Conference:* Participated in the Water Cooler Conference, a collaborative effort by the Advancement Project, the California Community Foundation, Children Now, Fight Crime: Invest in Kids, First 5 California, Preschool California, Zero to Three, the California Association for the Education of Young Children, California Resource & Referral Network, and other organizations that address early care and learning.

APR Template – Part C  
California

- *Statewide Screening Collaborative*: Partnered with First 5 California and the California Department of Public Health/Maternal, Child & Adolescent Health to coordinate and facilitate the Statewide Screening Collaborative (SSC) as the focus ECCS activity in California. The SSC is an interagency group formed to enhance the capacity of the state to promote and deliver effective and well-coordinated health, developmental, and early mental health screenings throughout California. Among SSC's many activities, an SSC Advisory Council serves Project LAUNCH to promote the interests of children ages birth to three and their families, specifically in the areas of developmental screening, early childhood mental health consultation and home visiting.
- *California Professors of Early Childhood Special Education (CAPECSE)*: In collaboration with the Community College Personnel Preparation Project (CCPPP), continued to develop articulation agreements and address issues in the implementation of an early intervention career ladder between community colleges and four-year colleges and universities.
- *Center for Social Emotional Foundations for Early Learning (CSEFEL)*: Represented Part C Early Start on the California State Leadership Team for CSEFEL as one of the states selected to receive two years of technical assistance from the national SEFEL center at Vanderbilt University, which is focused on strengthening the capacity of child care and Head Start programs to serve children with special needs in this area.

# **Attachment B**

**California Department of Developmental Services**

**California Code of Regulations**

**Title 17, Division 2**

**Chapter 2 – Early Intervention Services**

**Subchapter 5 – Procedural Safeguards**

**Article 3- Complaint Process**

**Article 4 – Mediation and Due Process Procedures**



California Department of Developmental Services, Title 17  
California  
Code of Regulations  
Title 17, Division 2  
Chapter 2 - Early Intervention Services  
SubChapter 5 - Procedural Safeguards  
Article 3 - Complaint Process

§52170. Complaint Procedures.

- (a) A complaint shall be a written and signed statement alleging the Department of Developmental Services (DDS), the California Department of Education (CDE), a regional center, LEA or any private service provider receiving funds under Part C of the Individuals with Disabilities Education Act, Title 20 United States Code, Sections 1431-1445, has violated any federal or state law or regulation governing the provision of any early intervention service including the process of determining eligibility provided through Part C of the Individuals with Disabilities Education Act, Title 20 United States Code Sections 1431-1445, for infants or toddlers and their families.
- (b) Any individual or organization may file a complaint.
- (c) The alleged violation must have occurred:
  - (1) Not more than one year before the date that the complaint received by the Department of Developmental Services unless a longer period is reasonable because the alleged violation continues for that child or other children; or
  - (2) Not more than three years before the date on which the complaint is received by the Department of Developmental Services, if the complainant is requesting reimbursement or corrective action as remediation of the complaint.
- (d) The procedures under Chapter 1, commencing with Section 4500 of Division 4.5 of the Welfare and Institutions Code or Part 30, commencing with Section 56500 of the Education Code, or Title 5 California Code of Regulations Section 4600 et seq., shall not be used for resolving complaints regarding California's Early Start Program.
- (e) Each regional center and LEA shall inform the parent and other interested individuals or organizations of the right to file a complaint directly with the Department of Developmental Services at the following address:

DEPARTMENT OF DEVELOPMENTAL SERVICES  
OFFICE OF HUMAN RIGHTS  
ATTENTION: EARLY START COMPLAINT UNIT  
1600 NINTH STREET, ROOM 240, M.S. 2-15 SACRAMENTO, CA 95814

California Department of Developmental Services, Title 17  
California Code of Regulations  
Title 17, Division 2  
Chapter 2 - Early Intervention Services  
SubChapter 5 - Procedural Safeguards  
Article 4 – Mediation and Due Process Procedures

§ 52172. Procedures That Apply to Both Mediation and Due Process.

(a) A parent may request a mediation conference and/or a due process hearing under any of the following circumstances:

(1) A regional center or LEA proposes to initiate or change the identification, evaluation, assessment, placement or provision of appropriate early intervention services;

(2) A regional center or LEA refuses to initiate or change the identification, evaluation, assessment, placement or provision of appropriate early intervention services; or,

*(b) A parent may also request a mediation conference at any time to resolve disagreements involving any matter related to IDEA, Part C.*

~~(b)~~(c) A regional center or LEA may request a mediation conference ~~and~~ or a due process hearing when the parent refuses to consent to all or any part of an evaluation and assessment of the infant or toddler.

~~(c)~~(d) All requests for a mediation conference and/or due process hearing shall be in writing and filed with the contractor that the Department of Developmental Services uses for mediation and due process hearings. If a parent is unable to make a request for mediation or a due process hearing in writing, the service coordinator shall assist the parent in filing the request.

~~(d)~~(e) The duration for ~~both~~ either a mediation conference ~~and~~ or a due process hearing shall not exceed a total of thirty days period for each process from the receipt of the mediation or due process request to the mailing of the ~~decision~~ mediation agreement or hearing decision. If a mediation conference is requested at or during the time of a due process hearing the mediation conference resolution will occur prior to the due process hearing.

~~(e)~~(f) The location of the mediation and/or due process hearing shall be at a time and place reasonably convenient to the parent.

~~(f)~~(g) During the pendency of mediation and/or due process hearing procedures, the infant or toddler shall continue to receive the early intervention services listed on the

California Department of Developmental Services, Title 17  
California Code of Regulations  
Title 17, Division 2  
Chapter 2 - Early Intervention Services  
SubChapter 5 - Procedural Safeguards  
Article 4 – Mediation and Due Process Procedures

§ 52173. Mediation Procedures

(a) Mediation shall be voluntary

~~(b) The matter being mediated shall proceed to a scheduled due process hearing if either party waives mediation or if mediation fails in whole or in part. The mediator may assist the parties in specifying any unresolved issue(s) to be included in the hearing request.~~

(b) Mediation is available at any time to resolve disagreements involving any matter related to IDEA Part C .

(c) The mediation conference shall be conducted by a mediator who is an impartial, third party with no personal or professional interest that would conflict with his or her objectivity in mediating a disagreement.

(d) The due process hearing officer shall be a different person than the mediator when mediation does not resolve the disagreement.

(e) The mediator shall be trained in communication, mediation and problem solving and shall be knowledgeable about early intervention programs and the federal and state laws and regulations applicable to Part C of the Individuals with Disabilities Education Act, Title 20 United States Code Sections 1431-1445, and the California Early Intervention Services Act, Government Code Sections 95000-95030.

(f) The mediator shall be under contract with the Department of Developmental Services.

(g) A person who otherwise qualifies under Subsection (c) and (d) of this Section as a mediator is not an employee of the Department of Developmental Services solely because the person is paid by the Department of Developmental Services to conduct the mediation process.

(h) A parent may be accompanied by any representative at the mediation.

(i) The mediator shall ensure that written agreements from the mediation conference are signed and provided to all participants at the conclusion of the mediation conference.

# ATTACHMENT C

**The following are copies of the transmittal letters, surveys, and follow-up postcard used to collect family-outcome data for Indicator 4**

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 330, MS 3-8  
SACRAMENTO, CA 95814  
TDD 654-2054 (For the Hearing Impaired)  
(916) 654-2773



December 1, 2009

Dear Parent(s):

You have been selected to provide information, in three areas, about your experience with the early intervention services\* (Early Start) provided to you and your child. The information gathered through this survey, which is on the back of this letter, will only be reported by summarizing the answers of all families as a group who participate. Your individual answers will NOT be reported. The information you provide will help the State to improve its services to other families with infants and toddlers who have special developmental needs.

By **December 10, 2009**, please complete and return this short survey using the stamped, self-addressed envelope, which is enclosed. If you have any questions, please contact your local Family Resource Center which can be found at <http://www.frcnca.org/directory.html>. Thank you for your assistance in helping to improve services to California's children and families.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Ingraham".

Rick Ingraham, Manager  
Children and Family Services Branch  
Department of Developmental Services

\* Early intervention services are those services designed to meet the developmental needs of children from birth to age three, and the needs of the families related to enhancing the child's development. Examples include case management, speech therapy, occupational therapy, behavioral services, etc.

**"Building Partnerships, Supporting Choices"**

**FAMILY SURVEY FORM**  
**[English Version]**

**Instructions:**

- This survey should be filled out by the person in your family who has the most interaction with early intervention (Early Start).
- All of the responses include the word “us.” This refers to your family. Usually this means parents and others who support and care for your child. But every family is different, so think of what “family” means to you when answering.
- Read each question and circle the number that best describes your family right now.
- If a statement almost describes your family, but not quite, circle the number just to the left or the right.
- If you do not know how to answer a question, or if you are not comfortable answering the question, skip it and go to the next question.

*1. To what extent has early intervention helped your family know and understand your rights?*

1	2	3	4	5	6	7
Early Intervention has done a <b>POOR</b> job of helping us know our rights		Early Intervention has done a <b>FAIR</b> job of helping us know our rights		Early Intervention has done a <b>GOOD</b> job of helping us know our rights		Early Intervention has done an <b>EXCELLENT</b> job of helping us know our rights

*2. To what extent has early intervention helped your family effectively communicate your child's needs?*

1	2	3	4	5	6	7
Early Intervention has done a <b>POOR</b> job of helping us communicate our child's needs		Early Intervention has done a <b>FAIR</b> job of helping us communicate our child's needs		Early Intervention has done a <b>GOOD</b> job of helping us communicate our child's needs		Early Intervention has done an <b>EXCELLENT</b> job of helping us communicate our child's needs

*3. To what extent has early intervention helped your family be able to help your child develop and learn?*

1	2	3	4	5	6	7
Early Intervention has done a <b>POOR</b> job of helping us help our child develop and learn		Early Intervention has done a <b>FAIR</b> job of helping us help our child develop and learn		Early Intervention has done a <b>GOOD</b> job of helping us help our child develop and learn		Early Intervention has done an <b>EXCELLENT</b> job of helping us help our child develop and learn

***[Sized to fit - font in actual survey was larger]***

## DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 330, MS 3-8  
SACRAMENTO, CA 95814  
TDD 654-2054 (For the Hearing Impaired)  
(916) 654-2773



1<sup>ero</sup> de Diciembre 2009

Estimado (s) Padre (s):

Usted ha sido seleccionado para proporcionar información, en tres áreas, sobre su experiencia con los servicios de intervención temprana (Early Start), ofrecidos a usted y su niño. La información recopilada a través de esta encuesta, que está al dorso de esta carta, sólo se reportará en forma de un resumen de las respuestas de todas las familias que participan como grupo. Sus respuestas individuales no se reportarán. La información que proporcione ayudará al Estado a mejorar sus servicios a otras familias con bebés y niños pequeños que tienen necesidades especiales de desarrollo.

Por favor complete y devuelva este breve estudio a más tardar, El **10 de diciembre de 2009**, usando el sobre sellado, con su dirección, que se adjunta. Si tiene alguna pregunta, por favor póngase en contacto con su oficina local del Centro de Recursos Familiares (Family Resource Center), que se puede encontrar en <http://www.frcnca.org/directory.html> Gracias por su ayuda para contribuir a mejorar los servicios a los niños y familias de California.

Atentamente,

A handwritten signature in black ink, reading 'Rick Ingraham'.

Rick Ingraham, Gerente  
Oficina de Servicios para Niños y Familias  
Departamento de Servicios de Desarrollo

*<sup>1</sup> Servicios de intervención temprana son los servicios destinados a satisfacer las necesidades de desarrollo de los niños desde el nacimiento hasta los tres años, y las necesidades de las familias relacionadas con el fomento del desarrollo del niño. Los ejemplos incluyen el manejo de casos, terapia del habla, terapia ocupacional, servicios de conducta, etc.*

**FORMULARIO DE ENCUESTA DE LA FAMILIA**  
**[Spanish Version]**

- La persona en la familia que tiene la mayor interacción con los servicios de intervención temprana debe llenar esta encuesta.
- Todas las respuestas incluyen la palabra "nosotros" o "nuestro". Esto se refiere a su familia. Por lo general esto significa los padres y otras personas que apoyan y atienden a su hijo. Pero todas las familias son diferentes, así que piense lo que la palabra "familia" significa para usted cuando conteste la encuesta.
- Lea cada pregunta y llene el círculo del número que mejor describe a su familia en este momento.
- Si la frase casi describe a su familia, pero no completamente, llene el círculo del número a la izquierda o a la derecha. Por ejemplo, si usted cree que la frase cinco "Sabemos **bastante** sobre los dinosaurios" casi describe a su familia, pero no completamente, llene el círculo del número cuatro.
- Si no sabe como contestar una pregunta, o si no se siente cómodo contestándola, no la conteste y siga con la siguiente pregunta.

1. *¿Hasta qué punto han ayudado a su familia los servicios de intervención temprana a conocer y a entender sus derechos?*

1	2	3	4	5	6	7
La intervención temprana nos ha ayudado <b>muy poco</b> a conocer nuestros derechos		La intervención temprana nos ha ayudado <b>un poco</b> a conocer nuestros derechos		La intervención temprana nos ha ayudado <b>bastante</b> a conocer nuestros derechos		La intervención temprana nos ha ayudado <b>muchísimo</b> a conocer nuestros derechos

2. *¿Hasta qué punto han ayudado a su familia los servicios de intervención temprana a comunicar eficazmente las necesidades de su hijo?*

1	2	3	4	5	6	7
La intervención temprana nos ha ayudado <b>muy poco</b> a comunicar eficazmente las necesidades de nuestro hijo		La intervención temprana nos ha ayudado <b>un poco</b> a comunicar eficazmente las necesidades de nuestro hijo		La intervención temprana nos ha ayudado <b>bastante</b> a comunicar eficazmente las necesidades de nuestro hijo		La intervención temprana nos ha ayudado <b>muchísimo</b> a comunicar eficazmente las necesidades de nuestro hijo

3. *¿Hasta qué punto han ayudado a su familia los servicios de intervención temprana a ayudar a su hijo a desarrollarse y a aprender?*

1	2	3	4	5	6	7
La intervención temprana nos ha ayudado <b>muy poco</b> a ayudar a nuestro hijo a desarrollarse y a aprender		La intervención temprana nos ha ayudado <b>un poco</b> a ayudar a nuestro hijo a desarrollarse y a aprender		La intervención temprana nos ha ayudado <b>bastante</b> a ayudar a nuestro hijo a desarrollarse y a aprender		La intervención temprana nos ha ayudado <b>muchísimo</b> a ayudar a nuestro hijo a desarrollarse y a aprender

**[Sized to fit - Font in actual survey was larger]**



## Reminder Postcard

You recently received an **Early Start Family Survey Form**.

If you completed and returned the survey, thanks. If you have not, please do so by **December 10, 2009**.

Your responses will contribute to improving the quality of services for California's children.

*If you did not receive a copy of the survey, or if it was misplaced, please e-mail [dpollar@wested.org](mailto:dpollar@wested.org) or call 916.492.4011.*



Recientemente usted recibió una **formulario de encuesta de la familia de Early Start**. Si usted completó y devolvió la encuesta, gracias.

Si usted no lo ha hecho, favor de hacerlo antes del **10 de diciembre de 2009**. Sus respuestas contribuirán a mejorar la calidad de los servicios para los niños de California.

*Si usted no recibió una copia de la encuesta, o si la extravió, por favor, por mande un e-correo [dpollar@wested.org](mailto:dpollar@wested.org) o llame al 916.492.4011.*

# ATTACHMENT D

**The following narrative describes the origin, function, purpose, and activities of the Early Start Quality Assurance Advisory Committee**

## **Early Start Quality Assurance Advisory Committee**

APR Template – Part C  
California

- Child Find/Referral Procedures
- Exceptional Circumstances
- Interim IFSPs
- Initial and Annual Notice of Confidentiality
- Timely Services
- Transition
- Health Records
- Assessment/Evaluation
- Compliance Monitoring Process/Procedures/Timelines
- IFSP Timelines

# **ATTACHMENT E**

**The following pages are the child outcome data extraction instructions and other documents used in collecting and reporting data for Indicator 3:**

## **RECORDING CHILD OUTCOME DATA FOR EARLY START**

11-10-08

### **Introduction:**

The progress that children demonstrate, and that we measure, in the Early Start program may be the most important data we collect. Whereas all of the various compliance measures required by OSEP are generally correlated with child progress, each of these compliance measures would be virtually meaningless if children did not demonstrate progress. Therefore, child progress data are among the most important measures we collect for this program.

### **Before Starting:**

1. Start with records that meet OSEP criteria. DDS can complete data runs to provide a list of children at your center who meet these criteria, or a random sample of children meeting the criteria.
2. The outcome data is being collected on children who :
  - A. Exited Early Start in the fiscal year 07/08 (July 1, 2007 – June 30, 2008).
  - B. Were in the program at least 9 months. If the chart being reviewed is part of a stratified, random record pull completed by DDS, know that the computer data confirmed that the child meets the OSEP criterion of being in the program for 9 months. If not part of a computerized random data pull, confirm that child was enrolled in the Early Start program **at least 9 months**. (i.e., entrance date to exit date).
3. Determine **where** to look in chart for the following:
  - A. Entrance/intake evaluation data. Look for 1 report that has assessment data (functional ages) in all five developmental areas. See if there is a report listing both Entrance and Exit functional ages.
  - B. IFSP – many RCs document entrance and exit functional ages on the IFSP
  - C. 5 developmental areas (Social-Emotional, Cognitive, Language – receptive/expressive, Adaptive/Self-Help, Physical – fine motor/gross motor.) Note that some RCs will use one comprehensive assessment instrument with a report that lists all of these functional ages. Other RCs organize their charts by clinical area (speech, OT/PT, psychological, etc.).
4. Recognize that you will be entering various types of information on the data form. The more information recorded the more analysis capability we will have in examining trends per diagnoses, length of time in the program, age at entry into the program, etc.
5. All age categories will be expressed in months. This includes chronological ages as well as functional ages. Sometimes the evaluation tool, like the Vineland uses standardized scores. Remember to check the rest of the record, as these scores may be expressed in months in the IFSP, or the psychological evaluation.

If only standard scores (e.g. numeric scores specifically referenced to that particular instrument) are available, enter the developmental area/category and the score for each

developmental area. For example, the Ages and Stages Questionnaire (ASQ) has separate questionnaires for 6, 12, 18, 24, 30, 36, 48, and 60. If the only initial evaluation is the ASQ then record which one of the ASQ questionnaires was used. This screen tests seven developmental areas. Sometimes the results are translated into months on the IFSP or the psychological evaluation (in which case they may have been melded in with other evaluation efforts). If the ASQ results are not expressed in months or developmental areas, then record the number of items scored in each developmental area.

6. There may be a range of scores for one developmental area. Pick the midpoint of the range and record that functional age. Round up any half-months. For example, 4.5 months = 5 months and 29.5 months = 30 months. If we use this same convention at entrance and exit, we will not be inflating our progress measures.

### **Recording outcome data**

Record functional ages at entrance evaluation or screening and exit evaluation or screening.

- A. Record the evaluation date(s) for entrance and also for exit. (month/day/year). The evaluation date is often the same for all domains. If this is true, simply enter the date once.
- B. Record the functional ages or age equivalents for each developmental area, in total months.
- C. If you cannot find a single report that covers all 5 domains, look on the Initial IFSP, Exit IFSP & in the chart sections for Specialist reports (i.e. Speech Therapy, Physical Therapy, Occupational Therapy, etc. or other “specialist” section of chart,) or at “Intake Report”.
- D. Determine if the child was born prematurely. Assuming 37 to 40 weeks gestation is full-term, subtract number of weeks premature from 40 weeks. Record on data sheet only if less than 37 weeks gestation. Look for the referral form, Intake, or for medical records, or other documents from which to extract this info. Since some instruments factor prematurity up to 36 months, we will use this data convention for all children, regardless of the instrument used. Example: Johnny was born at 32 weeks gestation (8 weeks premature). At 36 months chronological age, Johnny is considered to have an adjusted chronological age of 34 months (assuming 8 weeks is equal to 2 months).
- E. Record diagnosis (this may be hard to find.) The diagnosis may be different than “reason for referral”. For example, a child may be referred because she is not walking but she may have a diagnosis in her medical records of “cerebral palsy”. A Psychological Eval. used for Intake or Exit report should have Diagnoses given. The medical history and physical, routine medical records or Hospital Discharge summaries should also have diagnoses listed. Record the major diagnoses. For example, Betty may have a diagnosis of mental retardation and autism. Both of

these diagnoses would be important to understand her progress, or lack of progress, in the different developmental areas.

**Rules about completing the form.**

1. Info at top:
  - a. Regional Center (abbreviations OK)
  - b. Date of Birth (month/day/year)
  - c. Review Date
  - d. # of weeks premature: Assuming 37 to 40 weeks gestation is full-term, subtract number of weeks premature from 40 weeks. Record on data sheet only if less than 37 weeks gestation.
  - e. UCI: critical
  - f. Ethnicity code [face sheet will have ethnicity code as a number, and a descriptor, such as “6” Spanish/Latino.]
  - g. Dx (Diagnosis). Latest or final diagnosis for child, if possible. If not available, put in reasons for referral [speech delay, list medical problems, etc.]
  - h. Entrance CA: Record in months
  - i. Entrance AA: (Chronological Age *minus* # of months premature. Round to nearest month.) Assuming 37 to 40 weeks gestation is full-term, subtract number of weeks premature from 40 weeks, and compute **months** premature by dividing weeks by 4. Example: Child born at 32 weeks.  $40 - 32 = 8$  wks. premature. 8 weeks divided by 4 week months = 2 months premature. If the child is now 20 months old, AA is 18 (20 – 2 months premature. *NOTE: Adjusted Age. We use age adjustments for children up to 36 months old.*
  - j. Exit CA: Record in months
  - k. Exit AA: (Chronological Age *minus* # of months premature. Round to nearest month.) Assuming 37 to 40 weeks gestation is full-term, subtract number of weeks premature from 40 weeks, and compute **months** premature by dividing weeks by 4. Example: Child born at 32 weeks.  $40 - 32 = 8$  wks. premature.  $8/4 = 2$  months premature. If the child is now 20 months old, AA is 18 (20 – 2 months premature.
  - l. Child’s gender.
  - m. Exit Evaluation Date (month/day/year)
  - n. Reviewer’s name (your name)
2. **You need to fill out all 4 columns (2 for Entrance Data, 2 for Exit Data.)**
3. If there are data for both Expressive and Receptive communication skills, please place in the appropriate square. If there is only one communication score, put in the Expressive Communication square and note that there is only one score. Use the same procedures for “Fine” and “Gross” motor skills.
4. If there is a *range of functional ages given in one developmental domain, pick the midrange* or write them down and average them. Round up any half months, e.g. 4.5 months = 5 months and 29.5 months = 30 months.



APR Template – Part C  
California

5. Do not list the Tests used under “Instruments used” column, along with date(s) given. This is per our discussion at the ARCA Prevention Committee mtg..
6. Functional Ages [FA1] = age equivalent in months for child. If there are only standard scores, write them down, making sure the name of the test is also listed. To allow us to calculate the conversions from the testing manuals. We will use the test manuals to convert the standard scores to functional ages prior to entering the data.
7. Exit Eval Date: complete the same as for Entrance data, with the date tested, and functional ages listed. If there are 2 or more dates, give the latest one.
8. Write down other pertinent comments on back of data sheet.



UCI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

Ethnicity: \_\_\_\_\_

Eligibility Criteria: \_\_\_\_\_

Dx Entrance: \_\_\_\_\_

Dx Exit: \_\_\_\_\_

# of weeks premature: \_\_\_\_\_

**Entrance:** CA :\_\_\_\_( mo.) CA = age in mos.

**Exit:** CA:\_\_\_\_(mo.) CA = age in mos.

**Lanterman Eligible:** Y or N

Record not used due to:

\_\_\_\_ Parent declined/refused exit evaluation

\_\_\_\_ Not in program for 6 months

\_\_\_\_ No intake assessment/ or evaluation

\_\_\_\_ No exit evaluation

DOMAINS	Instruments Used Date Evaluation	Functional Age at Evaluation [FA1] In months		Instruments Used Date Evaluation	Functional Age [FA2] In months at Evaluation
	ENTRANCE			EXIT	
Cognitive					
Physical: Gross Motor					
Physical: Fine Motor					
Communication: Expressive					
Communication: Receptive					
Social Emotional					
Self-Help/Adaptive					

# **ATTACHMENT F**

## **Part C Indicator C 9 Worksheet**

## INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Data Review (DDS)	0	0	0
	CDE		232	195
	Dispute Resolution: Complaints, Hearings	3	3	3
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: On Site Visits (DDS)	8	8	2
	Dispute Resolution: Complaints, Hearings	1	1	1
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Data Review, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Data Review	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Data Review	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution: Complaints, Hearings	0	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: On Site Visits (DDS)	5	5	2
	Monitoring Activities: On-Site Visits, Other (CDE)		1686	1450
	Dispute Resolution: Complaints, Hearings	6	6	5
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services;	Monitoring Activities: On Site Visits (DDS)	3	3	0
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:  B. Notification to LEA, if child potentially eligible for Part B; and	Monitoring Activities: On-Site Visits (DDS)	3	3	2
	Dispute Resolution: Complaints, Hearings	1	1	1
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:  C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: On-Site Visits (DDS)	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0

OTHER AREAS OF NONCOMPLIANCE: IFSPs contain present levels of development in five domains.	Monitoring Activities: On-Site Visits (DDS)	2	2	0
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Timely written notification to families of IFSP meeting	Monitoring Activities: On-Site Visits (DDS)	5	5	2
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: IFSPs have outcomes that contain procedures, criteria, and timelines used to determine the degree to which progress toward achieving outcomes is being made.	Monitoring Activities: On-Site Visits (DDS)	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: IFSPs list services for the child that contain method, frequency, intensity, and duration.	Monitoring Activities: On-Site Visits	1	1	0
	Dispute Resolution: Complaints, Hearings	1	1	0
OTHER AREAS OF NONCOMPLIANCE: IFSPs contain family concerns, priorities and resources.	Monitoring Activities: On-Site Visits	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Evaluations were conducted in a timely manner.	Monitoring Activities: On-Site Visits (DDS)	1	1	1
	Monitoring Activities: On-Site Visits, Other (CDE)	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
Sum the numbers down Column a and Column b			1959	1665

Percent of noncompliance corrected within one year of identification =  $(1665/1959) \times 100 = 84.99\%$  (column (b) sum divided by column (a) sum) times 100

